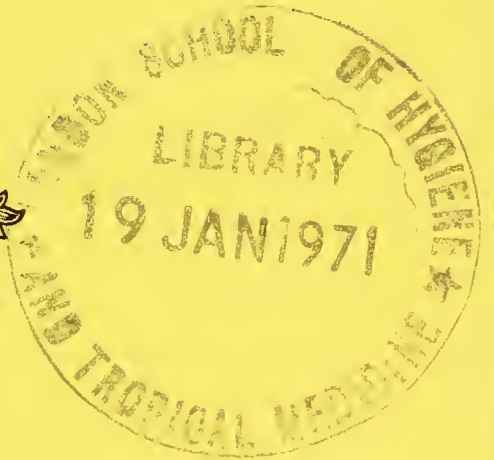


HC.4413(3)

1.	<del>Mr Muston</del>	B.415
2.	<del>Mr Morley Parry</del>	A.421
3.	<del>Mr Perry</del>	A.405

# The Urban District of Esher



## ANNUAL REPORT

of the

Medical Officer of Health

and

School Medical Officer

together with the Report of the

Chief Public Health Inspector

for the year

1969



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THE URBAN DISTRICT OF ESHER



A N N U A L   R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year

1969

ESHER URBAN DISTRICT COUNCILHEALTH COMMITTEE1969

Chairman: Councillor Mrs. N.M. Shilson

Vice-Chairman: Councillor Mrs. J.Green

Councillor	R.W. Acheson-Gray, F.R.I.C.S.
"	E. Anstey, Ph.D.
"	E.J. Harding
"	E.R. Huntingford
"	D. Moon, M.C.
"	J.A. Platt, F.C.A.
"	S.W. Porter
"	J. Segar
"	Mrs. L. Swann
"	G. Thorley
"	E.B. Whitehouse, A.C.II

Ex-officio Member:

Councillor Leonard A. Speller, O.B.E.  
(Chairman of the Council)

---

HEALTH DEPARTMENTStaffMedical Officer of Health

E. Pereira, M.B., B.S., D.P.H.

Medical Officers (Full Time)

V. Simmons, M.R.C.S., L.R.C.P., D.C.H.  
E.V. Fraser, M.B., B.S., M.R.C.S., L.R.C.P.

Chief Public Health Inspector

F.L. Barker, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector

C.F. Packham, M.A.P.H.I.

Additional Public Health Inspectors

S.C. Baker, M.A.P.H.I., A.V.I.

C.L. Hunt, M.A.P.H.I.

District Nursing Officer

Miss J.M. Cole, S.R.N., S.C.M., H.V.

Senior Social Worker

G.W. True, M.A.F.C.W., A.I.S.W. C.S.W.

Social Workers

Miss M. Samuel, B.A., Dip. Sc. Studies (Melbourne University)  
(commenced 24.11.69)

Part-time

Mrs. M.S. Reeve, A.I.M.S.W.

Mrs. A.E. Defries, A.I.M.S.W.

Mrs. E. Summers, Soq. Sc. Dip.

Miss J. Knight, (Home Teacher for the Blind)

Mrs. V. Leach, (Welfare Officer for the Deaf)

Public Health Nurse

Mrs. L. Robinson, S.R.N.

Home Help Organiser

Miss S.J. Boden, (part-time)

Technical Assistant

R.J. Clarke

Pests Control Officer

D. Taylor

General Duties Assistants

J. R. Nichols

G. Etherington

Senior Administrative Officer

E. Sztencel

(resigned 16.11.69)

Mrs. M. Mitchell

(commenced 17.11.1969)

Administrative Assistant

Miss J.M. Tudor

(commenced 1.12.1969)

Senior Clerk

Miss D. Arnell

URBAN DISTRICT OF ESHER

Health Department,

Esher Lodge,

Old Church Path,

Esher.

To the Chairman and Members  
of the Esher Urban District Council

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1969, which has been prepared in accordance with Circular 1/70 of the Department of Health and Social Security.

The Report is divided into four parts - General and Statistical; Personal Health and Welfare; School Health, and Environmental Health, which comprises the report of the Chief Public Health Inspector.

The incidence of notifiable communicable diseases was low, apart from an outbreak of food poisoning and a number of cases of infective hepatitis which boosted the figures. Infective hepatitis only became notifiable in October 1968, so that there are no previous figures for comparison. The number of cases of measles notified was the lowest ever recorded; the reduced incidence of this disease suggests strongly that preventive vaccination is effective.

I would draw the attention of the members of the Education Committee to the description of the "pilot scheme" to be started in 1970 in Esher, which has as its object a change over from "Routine Periodic Medical Inspection" of every child, to a scheme of "Selective Medical Inspection" at certain ages.

continued ....



In addition the paragraph on Remedial Teaching stresses the need for a Remedial Centre to be set up to assist those children who experience serious reading and writing difficulties, and so fail to gain full benefit from the education provided.

Finally I wish to acknowledge the excellent co-operation I receive from my colleagues in all other departments, and to express my thanks to the Chairman and Members of the Health Committee for their support throughout the year.

I must also express my appreciation of all members of the staff of the Health Department for their continued co-operation and loyalty.

I am, Ladies and Gentlemen,

Your obedient Servant,

ERIC PEREIRA

Medical Officer of Health.



PART I

GENERAL AND STATISTICAL

## POPULATION

The Registrar General's estimate of the population for mid-1969 was 63,190. This may be compared with his estimate of 63,120 for the previous year and the census 1961 figure of 60,610.

Births - During the year 745 live births were registered (360 males and 385 females) compared with 813 in 1968.

The corrected birth rate per thousand population was 12.9 compared with 74.1 in the previous year.

There were 39 premature births and of these 36 survived.

Deaths - The total number of deaths occurring amongst residents was 684 (293 males and 391 females) compared with 701 in 1968.

The corrected death rate was 10.5 per thousand population, the same as for the previous year.

The death rate, infant mortality and still-birth rates all compare favourably with those for England and Wales.

Unfortunately there was again one maternal death during the year. This was the case of a woman aged 23 who became mentally ill following the birth of her child. She was treated with drugs for two months and developed a disease of the blood (agranulocytosis) from which she died. This is a rare complication of a widely used drug.

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Services provided by the Regional Hospital Board - Kingston Hospital is the main general hospital for the district providing both in-patient and out-patient facilities. The catchment area includes Hinchley Wood, The Dittons, East and West Molesey, Claygate and Esher. Cobham and Oxshott come within the Epsom District Hospital Group and the residents are similarly served by the general hospital.

Cases of notifiable infectious disease are normally admitted to Wandle Valley Hospital.

In addition the needs of the residents and the general medical practitioners are conveniently met by three small hospitals - Molesey Hospital, Thames Ditton Hospital and Cobham Hospital. Residents also make use of facilities provided by the Teaching Hospitals in the London area.

Laboratory Services - The laboratories of the Kingston and Epsom Hospitals are available for examination of specimens sent in by general practitioners.

The Ministry of Health Public Health Laboratory, Epsom, is available for the examination of any pathological specimens and the bacteriological examination of samples of milk, ice-cream, and water. The staff of the Laboratory are prepared to advise and assist the Medical Officer of Health in cases of outbreak of communicable disease.

Mortuary Service - A mortuary located within the grounds of Epsom Hospital covers the needs of the district and for this service an annual payment is made to the Authority concerned.

Occasionally on the instruction of the Coroner's Officer bodies are directed to the Mortuary at Feltham. A new mortuary is being built as part of the redevelopment of Epsom District Hospital. The cost of the project has been borne by the Regional Hospital Board and, on a population basis, by the authorities which make use of the facilities.

During the year 83 bodies were received in Epsom and Feltham Mortuaries from this district.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The Public Health (Infectious Diseases) Regulations, 1968.

### Bacterial Food Poisoning

On Monday, the 17th March, 1969, I was informed that a child who attends a private school in this district, had been admitted to hospital on the previous Friday suffering from gastro enteritis, and that he had been found to be infected with salmonella typhimurium - a food poisoning organism.

A visit to the school revealed that a considerable number of children were absent suffering from sickness and diarrhoea, and that a number who had had similar symptoms on the Friday had returned, apparently cured.

The school has a staff of 10 and admits 100 children, including a nursery class of 25 who attend in the morning only and do not take the mid-day meal.

These younger children were unaffected, whereas 47 of the older children had symptoms, and in 38 cases salmonella typhimurium of the same phage type was isolated from the faeces.

The evidence very strongly pointed to the mid-day meal taken at school on Thursday, the 13th March, as the vehicle of infection. The school kitchen was scrupulously clean and well equipped. However, enquiries revealed that on Wednesday, the 12th March, a banana custard was prepared in the afternoon and was stored in the warm kitchen until served on the following day. Every child and adult who had symptoms had eaten the custard.

Unfortunately none of the food was available for examination, but it was reasonable to assume that the custard was the vehicle of infection.

This outbreak demonstrates well the danger of preparing food on the day prior to consumption. Such food, stored in the warm kitchen, makes an excellent culture medium for toxic organisms. Storage in an efficient refrigerator greatly reduces the danger, but the only really satisfactory method is for the food to be prepared and consumed on the same day.

There were eleven other cases of food poisoning due to salmonella organisms and eight of these infections were contracted when the patients were on holiday abroad. One lady was working with salmonella organisms in a laboratory and accidentally infected herself. A patient in a local hospital was found to have been infected some time after admission and investigations revealed that the cook was carrying the identical organism. Necessary precautions were taken and there were no further cases.



### Dysentery

Twentyfive cases were notified and investigated during the year. Twentytwo of these were caused by shigella sonnei, an organism which is widespread throughout the country and which causes generally a mild form of dysentery. Eleven of these cases occurred in a residential children's home in Cobham, while the remainder were mainly single cases occurring in various parts of the district.

Two babies in another nursery were infected with escherichia coli and were transferred to hospital. One adult was infected with shigella flexneri, probably contracted by taking a meal in London. All cases made complete recoveries.

### Malaria

One case was notified. This was a Malayan who had arrived by air from Malaya two days before he became ill.

### Psittacosis

On the 24th March I was informed that a man who had recently moved from a flat in this district to the London Borough of Brent was suffering from psittacosis. Later his wife also developed the disease and became seriously ill. The patient was an importer of rare birds and livestock and was a close contact of a veterinary student who lived in Cobham. The flat previously occupied by the patient was thoroughly cleansed and disinfected and the family in the next flat, as well as the veterinary student, were kept under observation. No cases occurred in this district.

### Paratyphoid Fever

A lady became ill after returning from a holiday in Spain. Investigations showed that she was infected with salmonella paratyphi B. She made a satisfactory recovery and there were no secondary cases.

### Infective Hepatitis

This disease became notifiable in October 1968 and 30 cases were notified in 1969.

Each case was carefully investigated but the source of infection could not be ascertained. This is particularly difficult to establish as the incubation period may be as long as 50 days. In no case was serum hepatitis suspected - a similar condition which can result from the use of unsterilized syringes for injecting drugs.

### Water Supply

The Metropolitan Water Board supplies water to the northern part of the district, and the East Surrey Water Company to the southern part.

From both Undertakings the supply has been satisfactory in quality and quantity and no sample was found to be contaminated. Every house in the district has a piped supply and the water is not plumbo-solvent.

### Fluoride Content

Metropolitan Water Board Supply - 0.25 p.p.m.

East Surrey Water Company Supply - 0.1 to 0.15 p.p.m.

These levels of natural fluoride are well below the optimum level of 1.0 p.p.m. required to reduce the incidence of dental caries in children.

The Council have considered this matter on a number of occasions but remain strongly opposed to the introduction of artificial fluoridation.

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The following statistical tables provide more detailed information on matters which are the concern of the Health and Welfare Department. Statistical information specifically relating to environmental health is contained in the report of the Chief Public Health Inspector which forms Part IV of this Report.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	..	..	..	..	14,850
Registrar General's estimate of resident population (Mid 1969)	..	..	..	..	63,190
Number of inhabited houses - end of 1969 - according to rate books	..	..	..	..	21,292
Rateable Value	..	..	..	..	£4,299,885
Product of a penny rate 1969/70			..	..	£17,000

Extracts from Vital Statistics:-

BIRTHS.-

					Total	M.	F.
Live Births	..	..	..	..	745	360	385
Legitimate	..	..	..	..		342	358
Illegitimate	..	..	..	..		18	27
Live birth rate per 1,000 of the estimated population	..	..	..	..	- 11.8		
Corrected live birth rate					- 12.9		
Illegitimate live births per cent of total live births					- 6.0		

					Total	M.	F.
Still-births	..	..	..	..	8	5	3
Legitimate	..	..	..	..		5	3
Illegitimate	..	..	..	..		-	-

Still-births rate per 1,000 live and still-births - 11.0

					Total	M.	F.
Total live and still-births	.	..	..	..	753	365	388



## DEATHS.-

		Total	M.	F.
Total deaths from all causes	.. ..	684	293	391
Death rate per 1,000 of the estimated population	- 10.8			
Corrected death rate	- 10.5			

		Total	M.	F.
Infant deaths (under 1 year of age)	..	8	5	3
Legitimate	.. ..		5	2
Illegitimate	.. ..		-	1

Infant mortality rate per 1,000 live births - 11.00  
 Infant mortality rate per 1,000 legitimate live births - 10.00  
 Infant mortality rate per 1,000 illegitimate live births - 22.00

		Total	M.	F.
Neo-natal (first four weeks) mortality	..	6	3	3
Rate per 1,000 live births	- 8.00			

		Total	M.	F.
Early Neo-natal Mortality (under 1 week of age)	.. ..	6	3	3
Rate per 1,000 live births	- 8.00			

Maternal deaths (including abortion) - 1

Maternal mortality rate per 1,000 live and still births - 0

		Total	M.	F.
Perinatal mortality (still-births and deaths under one week combined)	.. ..	14	8	6
Rate per 1,000 total live and still-births	- 19.00			

CAUSES OF DEATH

	M.	F.	Total
1. Bacillary dysentery, amoebiasis	1	-	1
2. Tuberculosis of respiratory system	1	-	1
3. Malignant neoplasm, oesophagus	6	1	7
4. Malignant neoplasm, stomach	2	6	8
5. Malignant neoplasm, intestine	14	17	31
6. Malignant neoplasm, larynx	1	-	1
7. Malignant neoplasm, lung, bronchus	30	13	43
8. Malignant neoplasm, breast	-	24	24
9. Malignant neoplasm, uterus	-	6	6
10. Malignant neoplasm, prostate	7	-	7
11. Leukaemia	2	1	3
12. Other malignant neoplasms	19	27	46
13. Diabetes mellitus	1	1	2
14. Anaemias	1	2	3
15. Mental disorders	2	4	6
16. Meningitis	-	1	1
17. Other diseases of nervous system, etc.	3	8	11
18. Chronic rheumatic heart disease	3	10	13
19. Hypertensive disease	9	12	21
20. Ischaemic heart disease	72	58	130
21. Other forms of heart disease	11	38	49
22. Cerebrovascular disease	34	60	94
23. Other diseases of circulatory system	7	23	30
24. Influenza	-	3	3

continued .....

CAUSES OF DEATH  
(continued)

	M.	F.	Total
25. Pneumonia	18	25	43
26. Bronchitis and emphysema	15	4	19
27. Asthma	2	1	3
28. Other diseases of respiratory system	4	5	9
29. Peptic ulcer	3	5	8
30. Intestinal obstruction and hernia	1	2	3
31. Cirrhosis of liver	1	4	5
32. Other diseases of digestive system	5	5	10
33. Nephritis and nephrosis	-	1	1
34. Other diseases, genito-urinary system	1	3	4
35. Other complications of pregnancy, etc.	-	1	1
36. Diseases of musculo-skeletal system	1	4	5
37. Congenital anomalies	2	1	3
38. Birth injury, difficult labour, etc.	1	-	1
39. Other causes of perinatal mortality	1	3	4
40. Symptoms and ill defined conditions	-	4	4
41. Motor vehicle accidents	5	3	8
42. All other accidents	4	3	7
43. Suicide and self-inflicted injuries	2	2	4
44. All other external causes	1	-	1
<hr/>			
Total	293	391	684
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DEATHS - AGE GROUPS

	Under 4 weeks	4 weeks and under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	Total
MALES	3	2	-	2	2	1	3	21	64	83	112	293
FEMALES	3	-	1	1	6	-	4	14	52	77	233	391
TOTAL	6	2	1	3	8	1	7	35	116	160	345	684

STATEMENT SHOWING WHERE DEATHS OCCURRED

In this district	357
Hospitals outside district	262
Died in other districts	65
	<hr/>
	684
	<hr/>

# CAUSES OF DEATH OF INFANTS

	Total number of deaths	Age at death
Asphyxia due to suffocation	1	New born
Cerebral haemorrhage	1	9 hours
Bronchopneumonia	1	6 weeks
Prematurity	4	Under 1 hour (2); 5 hours; 1 day
Suppurative otitis media	1	3 months

The infant death due to asphyxia actually occurred in September, 1968, but a return was not made by the Registrar until January, 1969. An inquest was held and the defendant was convicted of infanticide.

COMPARATIVE STATISTICS - 1969

	Live Births Rate per 1,000 Population	Stillbirths Rate per 1,000 (Total Live and Still)	Deaths (All ages) Rate per 1,000 Population	Deaths (Under one year) Rate per 1,000 Related Live Births	Live Births Neonatal Mortality (Under 4 weeks)
England and Wales	16.3	13.0	11.9	18.0	12.0
Esher ..	12.9	11.0	10.5	11.0	8.0



NUMBER OF ALL NOTIFICATIONS RECEIVED YEARLY DURING THE PAST SIX YEARS

	1964	1965	1966	1967	1968	1969
Acute encephalitis ..	-	-	2	-	-	-
* Acute pneumonia ..	1	4	3	3	2	*
Dysentery ..	19	79	39	4	3	25
* Erysipelas ..	3	1	2	2	-	*
Food poisoning ..	-	-	-	8	1	56
Infective jaundice ..	-	-	-	-	3	30
Malaria ..	-	-	-	-	-	1
Measles ..	365	864	218	548	43	36
Ophthalmia neonatorum ..	-	-	-	-	1	-
Paratyphoid fever ..	1	1	2	-	-	1
* Puerperal pyrexia ..	-	1	1	-	-	*
Scarlet fever ..	28	23	15	-	11	16
Tuberculosis (all forms) .	17	10	15	13	11	10
Typhoid fever ..	-	1	-	-	-	-
Whooping cough ..	26	9	10	16	10	2

\* not notifiable as from 1st October 1968



DIPHTHERIA IMMUNISATION

Number of children immunised for the first time during the year:-

(a) Pre-school children (under 5 years)	..	393
(b) Between 5 and 15 years	..	12

Number of children given reinforcing doses during 1969	..	..	..	1,472
--	----	----	----	-------

Total number of children immunised during last five years:-

(a) Under 5 years	..	..	..	7,216
(b) Between 5 and 15 years	..	..	..	5,864

VACCINATION AGAINST SMALLPOX

Analysis of vaccinations of children at Welfare Centres and Private Doctors' Surgeries:-

Primary Vaccination	..	..	..	616
Revaccination	..	..	..	465
				1,081

TETANUS IMMUNISATION

			AGE		
			At date of final injection		
			0-4 years	5-15 years	Total
Number of children who have completed a primary course of three injections whether single or combined during the year ended 31st December, 1969			..	..	
			392	58	450
Number of children who received a reinforcing dose			..	..	
			573	1,019	1,592

WHOOPIING COUGH IMMUNISATION

Number of children who have completed a primary course of 3 injections during the year ended 31st December, 1969	380
Number of children given a reinforcing dose	122

POLIOMYELITIS VACCINATION

<u>Age Group</u> - Born in		Number of Persons who completed a Primary Course of Treatment in 1969	
1969	..	..	12
1968	..	..	389
1967	..	..	23
1966	..	..	7
1962/5	..	..	11
Others	..	..	2
			444

In addition 1,400 reinforcing doses were given during the year.

Vaccination against Measles.- During the year 494 children were given protective injections.

Note: In November, 1968, the Department of Health and Social Security issued an altered Schedule for immunisation against infectious disease.

The new Schedule was adopted throughout the County early in 1969, and under this, infants were to receive triple antigen and oral poliomyelitis vaccine at ages 6, 8 and 12 months instead of 6, 7, and 8 months. This had the effect of reducing the number of primary immunisation courses that could be given in the first year of life. This accounts for the lower figures quoted for 1969.

continued .....

As regards measles vaccinations, the reduced number of injections was due to the withdrawal of one vaccine which had caused some severe reactions and a resultant shortage of the approved vaccine.

Vaccination against Tuberculosis.- This is reported more fully in the School Health Section.

389 children were given B.C.G. during the year.

### TUBERCULOSIS

#### Notifications

##### Respiratory Tuberculosis

Ten cases of respiratory tuberculosis were notified during the year, viz:- 7 males and 3 females. The corresponding figure for 1968 was 7.

##### Non-Respiratory Tuberculosis

No new cases of non-respiratory tuberculosis were notified during the year and there was one death from this cause. Four cases were notified in 1968.

# ANALYSIS OF CASES AND DEATHS FOR 1969

Age Periods	New Cases		Deaths	
	Respiratory M.      F.	Non-Respiratory M.      F.	Respiratory M.      F.	Non-Respiratory M.      F.
0-4	-      -	-      -	-      -	-      -
5-14	-      -	-      -	-      -	-      -
15-24	-      -	-      -	-      -	-      -
25-44	3      1	-      -	-      -	-      -
45-64	3      1	-      -	-      -	-      -
65 and upwards	1      1	-      -	1      -	-      -
Totals	7      3	-      -	1      -	-      -

TUBERCULOSIS REGISTER

	Pulmonary		Non-Pulmonary		Total	
	M.	F.	M.	F.	M.	F.
Number of cases on register 1st January 1969	63	45	4	14	67	59
New cases notified ..	7	3	-	-	7	3
Cases moved into district ..	-	2	-	-	-	2
TOTAL ..	70	50	4	14	74	64
Deaths from tuberculosis ..	1	-	-	-	1	-
Deaths from other causes ..	-	-	-	-	-	-
Removed from district ..	4	2	1	-	5	2
Recovered ..	9	11	-	3	9	14
TOTAL REMOVED FROM REGISTER ..	14	13	1	3	15	16
Number of cases on register 31st December 1969	56	37	3	11	59	48

MASS RADIOGRAPHY SERVICE

General Practitioners' Service

Number of patients referred	..	564
Cases of Pulmonary Tuberculosis	..	-
Cases of Lung Cancer	..	4

Public Mass Radiography Service 2,394

Cases of Pulmonary Tuberculosis	..	3
Cases of Lung Cancer	..	1

Employees of Esher Urban District Council referred by Medical Officer of Health as part of medical examination prior to employment - 32.

PART II

THE PERSONAL HEALTH AND WELFARE SERVICES



PERSONAL HEALTH AND WELFARE SERVICES

From the 1st April 1965 the duties under Part II of the National Health Service Act, 1946, together with other functions, were delegated to the Esher Urban District Council under the Local Government Act, 1958.

The delegated health and welfare functions are:-

(a) National Health Service Act, 1946:-

Section 22 - Care of Mothers and Young Children.

" 23 - Midwifery.

" 24 - Health Visiting.

" 25 - Home Nursing.

" 26 - Vaccination and Immunisation.

" 28 - Prevention of Illness, Care and After Care.

" 29 - Domestic Help.

(b) Mental Health Act, 1959:-

Care and after care of persons suffering from mental disorder (other than in residential accommodation).

(c) National Assistance Act, 1948:-

Section 29 - Welfare arrangements for the blind, deaf, dumb, and the physically handicapped persons.

" 30 - Voluntary organisations for the welfare of disabled persons.

(d) Disabled Persons (Employment) Act, 1958:-

Section 3 - Provision of sheltered employment by local authorities.

(e) Nurseries and Child Minders Regulation Act, 1948:-

Registration and supervision.

## PERSONAL HEALTH SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Esher has a District Nursing Officer who is responsible for supervising the Health Visitors, District Nurses and Midwives.

Ante-natal and post-natal supervision is provided by general hospitals at Kingston, Guildford and Epsom, by general practitioners, by midwives, and at three of the main local authority clinics.

Co-operation between the hospitals and the local clinics is satisfactory and the midwives work closely with the responsible general practitioners.

In addition, regular relaxation classes and mothercraft sessions are held at three of the clinics, and are available to all expectant mothers. They are staffed by nurses who have been trained by the National Childbirth Trust, and are aimed at instructing the mother so that she will have the best chance of an easy confinement, and learn about care of the expected infant.

Notification of Births:-

		M.	F.	Total
Domiciliary	..	25	23	48
Hospital or Nursing Home	..	334	368	702
		<hr/>	<hr/>	<hr/>
	Totals	359	391	750

The following figures relate to work done at the local authority ante-natal and post-natal clinics.

No. of women attended	..	75 excluding Midwives' Clinics.
No. of attendances	..	242 excluding Midwives' Clinics.
No. referred to hospital for social reasons	..	19
No. referred to hospital for medical reasons	..	8
No. of requests for home conditions reports from hospitals	..	208

Compared with the previous year there has been a further decrease in the total births, and the number of home confinements has diminished almost by half. In view of this, the midwives have ceased to hold their own ante-natal clinic in Molesey, all the care by them taking place in the patient's own home. Mothers have still requested an early discharge from the hospitals and provided their home conditions were satisfactory, these have been accepted by the midwives. Of the 702 confinements in hospital, 193 were discharged before the 10th day.

Child Welfare.- Infant Welfare Sessions are held at the clinics at Molesey, Long Ditton, Cobham and Esher. In addition, sessions are held in privately owned accommodation in Claygate, Oxshott and Hinchley Wood. Altogether eight sessions take place each week, when mothers can consult a doctor or Health Visitor on the health and development of their infants. At all clinics other than Hinchley Wood, special sessions for Toddlers are held when mothers are invited by appointment to bring their pre-school children to the clinic about every nine months to enable the doctor to ascertain that development is proceeding normally.

Phenylketonuria.- Testing of every baby for this rare condition has continued throughout the year. Up to August this was done by a simple urine test in the home or clinic at two weeks and ten weeks. After that time the Guthrie Test was introduced for every baby by the kindness of Dr. R.L. Newman, Pathologist, Queen Mary's Hospital, Carshalton, who has provided a team of pathologists to report on these. The test is initiated on the baby's sixth day of life, by the midwife - whether born at home or in hospital - and consists of a tiny prick to the baby's heel, which enables a small quantity of blood to be collected and forwarded to the laboratory. By this means an earlier and more accurate diagnosis can be made of this condition.

Care of Premature Infants.- All infants weighing less than  $5\frac{1}{2}$  lb. at birth are classified as premature. When born at home they are transferred to hospital unless the doctor and midwife are satisfied that conditions in the home are entirely satisfactory.

When infants are born prematurely in hospital, the Health Visitor is informed before discharge in order that close supervision can be maintained.

During the year 47 infants were born prematurely (all in hospital), and of these 39 survived for over 28 days.

OBSERVATION REGISTER 1969

No. of babies born in 1969 considered at risk	..	284
Total number of adverse factors	..	538

Pre-natal factors

Rubella or other virus infection in first 16 weeks of pregnancy	..	2
Blood incompatibilities, e.g. rhesus sensitization	..	10
Hyperemesis	..	5
Ante-partum haemorrhage	..	28
Severe illness or major surgery during pregnancy	..	5
X-ray other than chest x-ray	..	7
Thyrotoxicosis	..	1
Diabetes	..	8
Toxaemia	..	72
Other complications of pregnancy - anaemia, pyelitis, etc.		4
Psychiatric illness in pregnancy	..	4

Peri-natal factors

Prolonged or difficult labour	..	27
Forceps delivery	..	61
Breech delivery	..	11
Caesarian section	..	39
Multiple birth	..	10
Post-maturity	..	25
Birth weight under 5½ lbs., gestation under 36 weeks		22
Dysmature - low weight for maturity	..	5
Foetal distress	..	25
Birth asphyxia	..	29
Prolonged poor sucking	..	18

Post-natal factors

Jaundice	..	26
Convulsions	..	0
Respiratory distress, cyanotic attacks	..	7
Suspected congenital abnormalities	..	24

(10 certified and registered on National Register of Congenital Abnormalities).

continued .....



Genetic factors

Family history of deafness or blindness, etc. 17

Social factor

Illegitimacy, adoption, problem families, etc. 51

It is considered that there is an increased risk of handicap in babies in whom there have been any adverse factors in their early life or during their mother's pregnancy or delivery. Such babies are entered on the At Risk Register.

The physical and developmental progress of these babies is observed carefully by the clinic doctors and health visitors to enable any abnormality to be detected and treated at the earliest possible time.

The vast majority of these babies make entirely satisfactory progress and when it is evident that they are developing normally in all respects their names are removed from the Register.

Of 750 children born in 1969, 284 were considered to be at risk, a total of 538 adverse factors being involved.

Family Planning

The Family Planning Association provides sessions at the Molesey and Cobham Clinics. The sessions are busy but the need appears to be met.

The need for a session at the Esher Clinic is under consideration and, if justified, will be provided in 1970.

Well Women Clinics

Sessions for taking cervical smears to eliminate the possibility of early carcinoma of the cervix and for giving a general medical examination to apparently healthy women, were continued throughout the year at the Clinics at Molesey, Cobham and Long Ditton.

continued .....

These sessions were quite well attended and the Health Visitors continue to encourage all women to take advantage of this scheme.

Dr. O.H.N. Hussain, Consultant Cytologist, St. Stephen's Hospital, S.W.10. arranged for the expert examination of the smears and provided all necessary equipment. Co-operation has been excellent and no difficulties have arisen.

Smears are also taken at the Family Planning Association's sessions at Molesey and Cobham Clinics, and the local general practitioners are able to submit smears for examination by the pathological laboratory at Kingston Hospital.

The total number of smears taken during this year in the district is approximately as follows:-

Local Authority Clinics	..	864
Family Planning Clinics	..	196
By General Practitioners	..	500
By Hospitals	..	700
Approximate total		<hr/> 2,260 <hr/>

One smear taken at a local Clinic was positive and the patient was treated surgically.

The yearly target for the population of this district is in the region of 3,000 smears. Health Visitors will do all possible to persuade women over 35 to attend.

Dental Care.- Dental inspection and treatment is offered by the Council's School Dental Officer, who devotes part of her time to this work. The service is provided at the dental clinics at Molesey and Cobham, and will be available at The Dittons Clinic when the new centre has been built.

During the year 12 mothers and 136 children under 5 were inspected and given any treatment required.

Audiological Service.- Defective hearing in infants must be diagnosed early if retardation is to be prevented. All Health Visitors have been trained in the use of special methods of testing hearing. Every effort is made to have all babies "screened" in this way as soon as possible after reaching the age of 7 months. Where the child is thought to have defective hearing, or there is any doubt, the child is referred to the County Audiologist, who has the assistance of an Audiometrician, and is able to provide hearing aids and any training and guidance for the parent. The Audiologist holds sessions at the clinics at Molesey, Cobham and Esher, as required.

38 children under 5 years of age were seen at these sessions during the year.

#### MIDWIFERY

Under the scheme of delegation the County Council remains the "local supervising authority", but this Council is responsible for ensuring that the maternity services are adequate for the needs of the area.

In addition to undertaking confinements, the midwives act as maternity nurses to doctors who conduct their confinements, and in respect of cases discharged from hospital before the tenth day.

The following is a summary of the work of the domiciliary midwives during the year:-

#### Confinements attended:-

By Midwife only	32
By Midwife and Doctor	15
Inhalation analgesics administered	27
No. of early discharges	193
Percentage of babies born at home	6.23 per cent
Total maternity visits - Ante-natal and Post-natal	2,808



### HEALTH VISITING

The district has the services of 11 general Health Visitors, of whom 9 are full-time and 2 are part-time. One member of the full-time staff devotes half her time to Health Education.

In addition to the above, one Health Visitor devotes half her time to the after care of Chest Clinic patients, and otherwise cares for the elderly as Geriatric Health Visitor in the Cobham area. Two other part-time Health Visitors devote their time to geriatric patients in Claygate, Esher, The Dittons and Hinchley Wood. Geriatric patients in Molesey and Oxshott being visited by the General Health Visitor for that area.

### HOME NURSING

Esher employs 13 whole-time district nurses, of whom 5 undertake the combined duties of district nurse/midwife. Each has her own district, but for convenience of administration they work in "groups", relieving each other for off duty times. In addition, there are 4 part-time nurses doing regular work and able to increase their hours as required, to cover holidays and sickness.

They work under the general practitioners, who contact them direct when they require their services for a patient.

About 70 per cent of the time of the district nurses is spent assisting the elderly and the chronic sick.

The following is a summary of their work:-

Number of patients attended (excluding Maternity)	1,209
	(320 aged 65 and over)
Total number of visits paid (excluding Maternity)	36,759

One part-time Nursing Auxiliary has remained throughout the year assisting the District Nurses with their routine work. The second Nursing Auxiliary left during the year to take her S.E.N. training, and all attempts for the replacement and an increase to assist the District Nurses, has so far failed. This has meant, of course, that fully trained nurses have had to spend time on unskilled as well as skilled duties.

### GROUP PRACTICE ATTACHMENT

The attachment of three Health Visitors to the group of five general practitioners in Molesey has continued very successfully. The attached Health Visitors have continued to attend the Infant Welfare Sessions at Molesey Clinic and to carry out the duties of school nurse at the schools within their area.

The difficulty that was experienced in attaching District Nurses to this group of doctors during the previous year was finally overcome, and an attachment of two nurses, with a part attachment of another nurse to one other doctor in the area, took place at the end of November. This closer liaison already appears to be beneficial to patients, doctors and nurses.

Three doctors in the Claygate area also asked for attachment of District Nurse and Health Visitor, and it was arranged that the District Nurse attachment should start in October, but the Health Visitor attachment would have to be deferred a while to enable a possible adjustment of staff to be made. Two other doctors in the Claygate area have also asked for attachment and it is hoped that this may be done in the coming year.

The policy of attaching staff to general practitioners is encouraged by the Department of Health and Social Security and the County Health Department. However in this district there are several doctors still in single-handed practice, and satisfactory arrangements are difficult to make in these circumstances.

I have no doubt that as time passes they will tend more often to work in Groups, and will request attachments when they appreciate how helpful this can be both to themselves and their patients.

### VACCINATION AND IMMUNISATION

This subject has been dealt with in Part I of the Report.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis and Diseases of the Chest:

The Chest Clinic for residents of the whole of the Urban District is located at Kingston Hospital. Originally such clinics were set up specifically for the diagnosis and treatment of tuberculosis, but with the steady decline in the incidence of this disease, the clinics have assumed responsibility for the diagnosis, treatment and care of patients suffering from other diseases of the chest.

The Consultant in charge has control of in-patient beds and can arrange admission to hospital as required. While remaining a separate entity functions such as chest x-ray, social work etc., have been taken over by appropriate departments of the general hospital. The T.B. Health Visitor was withdrawn from the Chest Clinic in May to enable her to have more time to carry out her proper function of visiting the patients in their homes.

Skin tests were carried out on 66 patients and of these 21 were vaccinated with B.C.G. to give protection against tuberculosis.

The Chest Clinic has a Voluntary Care Committee for raising funds, which are supplemented by the local authorities in the Clinic catchment area. The money is used to help patients to obtain extra food, clothing, bedding, and other necessities.

The Standing Conference of Care Committees hires beach chalets to provide holidays for a number of families of those who attend the Chest Clinic, and the Surrey Education Committee makes Sheephatch School available for child contacts for two weeks each summer.

The County Occupational Therapy Unit employs trained staff, who will visit the patient's home and provide all the necessary instruction and materials for suitable therapy.



### Care of the Elderly:

During the year three Health Visitors were each devoting half their time to the care of the elderly. In addition the Health Visitors attached to Group Practice in the Molesey area combine this work with their general health visiting. This arrangement has proved outstandingly successful as it has been found that by seeking out the elderly who are in need of help or supervision, case loads have risen to over 300 for each Health Visitor, and a great deal of helpful preventative work has been done.

Experience shows that the demand continues to grow and there is a case for increasing the staff establishment for this particular work.

### Screening Clinics for the Elderly:

Weekly sessions for the care of the elderly are held at Long Ditton, Cobham, Molesey and Esher.

All clinics are well attended and I think that they provide a worthwhile service. The organisation of these sessions is in the hands of the Geriatric Health Visitors, and new attendances have steadily increased. Once a month an Assistant Medical Officer attends to provide medical cover and to refer to the general practitioner any elderly person found to be in need of treatment. Advice is given on diet, and useful food supplements are available at reduced prices. Facilities exist for simple physiotherapy, chiropody, provision of hearing aids and chest x-rays. Reports on the findings are sent to the general practitioner periodically, and treatment such as physiotherapy is only provided with his concurrence.

Screening Clinics for the Elderly: (continued)

The following figures give some indication of work done at the "Screening Clinics" during 1968:-

	Esher Geriatric Clinic	Cobham Geriatric Clinic	Molesey Geriatric Clinic	L. Ditton Geriatric Clinic
New Patients	137	227	125	167
Total attendances	774	1479	723	1087
No. referred for hearing aid	17	9	10	16
No. referred for spectacles	4	27	8	6
No. referred for physiotherapy	30	20	8	24
No. referred for chiropody	70	64	24	52

The Chronic Sick:

The chronic sick are cared for by Dr. Finn, Consultant Geriatrician, based at Kingston Hospital. She has the assistance of Medical Officers, a Health Visitor, and an Almoner, and controls beds into which the patients can be admitted. The Health Visitor supervises the needs of patients awaiting admission to hospital, and also those who are returned home after in-patient treatment. Her function is not the same as that of the Geriatric Health Visitors mentioned earlier, whose aim is to prevent deterioration and reduce the need for hospital admission.

Residents of Cobham and Oxshott are within the Catchment Area of the Epsom Group Hospital Management Committee and are admitted to the geriatric beds of Epsom District Hospital and other hospitals of the Group. Patients recommended for admission are visited by the Physician and the Geriatric Almoner, so that an assessment can be made of the relative urgency of each patient's need.

### Aids for the Elderly:

Under this scheme elderly people can be supplied with various "aids", such as handrails, bath seats, walking aids, etc. These can be supplied free on loan until no longer required, or patients may purchase them outright at reasonable prices. During 1969, 91 patients have been supplied with 135 aids.

This is thought to be a most valuable service, in that it helps to increase the independence of the elderly infirm, and helps to prevent accidents, which so often result in hospital admission.

### RECUPERATIVE HOLIDAYS

Under the Council's recuperative holidays scheme, patients who have been ill, either at home or in hospital, can be provided with a recuperative holiday on the recommendation of their general practitioner or the hospital medical officer. During the year holidays were provided for 14 persons.

### CHIROPODY

Under the Council's scheme chiropody is provided for the elderly, the physically handicapped and expectant mothers.

Under the direct scheme there is a panel of qualified and approved chiropodists to whose surgeries the above can go for chiropody treatment. In addition, the Council has the services of a chiropodist who undertakes weekly sessions as part of the Geriatric Clinics at Cobham, Esher, Molesey and Long Ditton. The demand for this service continues to increase but because of the shortage of professional staff it is not possible to extend these sessions to more than one each week, although there are sufficient patients to warrant this. In addition the chiropodist attends from time to time on a sessional basis at three of the Council's House Mother Schemes, and also undertakes domiciliary visits to patients who are unable through infirmity to visit the surgery or the clinic. This aspect of the work is also under strain until such time as another chiropodist can be found.

continued .....



## CHIROPODY (continued)

Under the indirect scheme, chiropody sessions are provided by voluntary organisations, there being five sessions a quarter organised by the British Red Cross Society at the Cobham Village Hall, and a monthly session at Oxshott organised by the O'Brien Club.

A charge of 3s. is made for each chiropody treatment through either scheme, and the treatment can be given free to those who are unable to afford the charge. During 1969 1166 patients received 4734 treatments.

## HEALTH EDUCATION

Considerable work has been done during the year. Miss Francis, Health Visitor, who devotes half her time to Health Education activities, is responsible for planning programmes, providing displays for the clinics and dealing with all publicity material. She has been very active in the schools, arranging programmes for both primary and secondary pupils. Discussion groups are organised for the 4th year pupils in Secondary Modern Schools, and many subjects are covered, including -

- Personal health and hygiene
- Responsibilities of growing up
- Pregnancy and motherhood
- Community service

Particular interest was shown in community service and care of young children in one of the schools, and arrangements were made for groups of pupils to visit local residential nurseries.

The junior pupils are taught various subjects, including -

- Anatomy and physiology
- Dental care
- Personal health
- Care of the body

continued .....



## HEALTH EDUCATION (continued)

Apart from the work done by the Health Visitors in this field, a Public Health Inspector also visits some schools to talk on environmental health.

Health Education has been continued in the following sessions -

(i) Mothercraft and Relaxation

Talks have been given and films shown on -

Ante-natal care  
Care and management of baby  
Home safety

(ii) Infant Welfare Clinics and Toddlers

Films and displays on various aspects of home safety, hygiene, fire precaution, infant feeding, immunisation and prevention of spread of infection, have been on view.

Posters and hand-outs are also used on many topics.

(iii) Geriatric

Many subjects are dealt with at these clinics, with the use of posters and hand-outs, including -

Nutrition  
Care of feet  
Value of chest x-ray  
Preservation of health  
Domestic activities  
Home safety

Evening talks on various health subjects have been given to groups, including -

Young Wives' Slimmers Club  
Red Cross Cadets  
" " Adult Groups  
Girl Guides  
Drug addiction

### DOMESTIC HELP

The Home Help Service provides domestic help in the homes of persons who, by reason of illness and incapacity, are medically recommended to receive the assistance of a Home Help. The Home Help carries out the normal duties of the housewife, and this role is of particular assistance where confinement cases are nursed at home.

The following is a summary of cases attended during the year.

Aged 65 or over on First Visit	Aged under 65 on first visit				Total
	Chronic Sick and Tuberculous	Mentally Disordered	Maternity	Others	
224	29	9	40	41	343

These figures show an increase in the number of persons aged 65 and over, also mentally disordered under 65 who received help.

The rate of pay was increased to 6/4<sup>3</sup>/<sub>4</sub>d. per hour with a continuing additional payment of 6d. per hour made to Home Helps attending sub-standard dwellings.

The average number of Home Helps employed during 1969 was 22.

Staff for maternity cases in areas poorly served by public transport were made available by the use of the mini van and driver.

### Neighbourly Help Scheme

Under this scheme neighbours who are willing to assist old people living alone, or other suitable cases, can be given a weekly payment varying from 10/- to £3. 10s.0d. Duties include preparing meals, lighting fires and shopping. During the year this scheme provided help for 17 cases.

### MENTAL HEALTH SERVICES

Under the Mental Health Act 1959 the importance of the care of the mentally ill, or mentally sub-normal, within the community, was stressed.

The needs of residents of this district are covered by a team of appropriately qualified officers, who are based at Ashley House, Epsom. The team consists of a Senior and three other Mental Health Social Workers. The fact that they are based at Epsom is a considerable disadvantage, and it is hoped that the extension to Esher Lodge approved by the Establishment Committee, will be provided in the near future. Each is responsible for statutory duties concerned with the admission to hospital of mentally ill patients under the various sections of the Act and, in addition, they are also responsible for the after-care of persons within the community who have been mentally ill. Patients who have had treatment in hospital and who are discharged home, are notified to them. They visit and endeavour to develop a good relationship, provide any assistance and help with employment that they may need, and maintain supervision until such time as the patients can be considered to have completed this rehabilitation. At the end of the year 130 patients in Esher were being visited at home.

The following table sets out the number of patients admitted to Brookwood Hospital in 1969:-

<u>Mental Health Act, 1959</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Informal	1	-	1
Section 29	3	1	4
Section 25	3	3	6
Section 26	2	-	2
	9	4	13

### Sub-normality and Severe sub-normality

Investigation and ascertainment of all cases of sub-normality is undertaken by one of the Council's Medical Officers. In addition, much help is obtained from hospitals which specialise in these conditions. These hospitals are also often most helpful in arranging short-term placements in cases of emergency or to allow relatives to take a holiday.

The Health Visitors supervise the welfare of sub-normal children up to compulsory school-leaving age. Adult sub-normals are visited by the Mental Welfare Officers.



## Special Training Schools & Technical Training Centres

The purpose of these centres is to help those who are sub-normal to develop in mind and body to the utmost of their capacities. The object is not only to train the sub-normal so that he is readily acceptable within the community, but, in addition, to make him capable of carrying out useful tasks and, in fact, to earn a living.

From a training centre a sub-normal may progress to a sheltered workshop or even to open industry.

At the 31st December 1969 there were 85 sub-normal children and adults under the care of this authority, and the following table refers:-

	<u>Sub-normal</u>		<u>Severly Sub-normal</u>		<u>Totals</u>	
	M.	F.	M.	F.	M.	F.
No. of patients under local health authority care at 31.12.69. ..	26	20	29	10	55	30
Attending day training centres	10	6	20	6	30	12
Receiving home visits	14	15	13	4	27	19

There are also a number of sub-normal and severely sub-normal patients in permanent residence in Botleys Park and other Hospitals and Homes.

### The Forum Club

This Club was established at The Forum Clinic, Molesey, in 1966 with the object of helping those who have been mentally ill. Mrs. D. Brace is the voluntary leader, and an evening session is held each week. A programme of activities is decided upon by the members and about twenty attend regularly. By her tact and enthusiasm Mrs. Brace has made this into a most successful concern, which has helped many who have been ill to regain their former health and to join, once more, in the normal activities of society.

The staff of the Mental Health Department have co-operated well in helping to make a success of this project.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Under this Act the Council is responsible for the registration and supervision of day nurseries and of persons who, for reward, receive children into their homes to look after them.

At the end of the year the following numbers of premises and persons were registered:-

		<u>No.</u> <u>Registered</u>	<u>No. of Children</u> <u>Provided for</u>
Premises	..	20	663
Child Minders	..	35	150

The nurseries and the child minders are inspected, both by Assistant Medical Officers and by Health Visitors, at regular periods throughout the year. Such inspections have shown that a most satisfactory standard has been maintained in each case.

In the majority of cases children are received during mornings only, and mid-day meals are not served. In a few cases child minders will care for the children throughout the day, which can be of great benefit to the mother who must work, or where there is illness in the home.

There is no official Day Nursery accommodation in the Urban District, and those provided in neighbouring areas are generally too far away to be of value. However, the Council's policy of paying the fees of private nurseries or child minders in special cases of need, provides a partial solution to this problem. The matter of paying or subsidising such fees is based on the County Council's policy as regards admission to its own Day Nurseries. Seven children were assisted under the above arrangement.

WELFARE SERVICESSOCIAL WORKPREVENTION OF BREAK-UP OF FAMILIES

Work in the field of "Families at Risk of Break-up" increased considerably during 1969 and the number of families who received Social Work help doubled - 94 families were assisted with a wide range of problems, some requiring minimal help, but others necessitating quite intense and regular support from the Social Work staff.

Problems of marital tensions, finance, care of children, housing and desertion by one parent were, in that order, the main causes of referrals.

There is much concern that problems that are associated with marital disturbance are becoming very prevalent, deterioration in the relationship between man and wife almost always generally affects the ability of the family unit to function and other severe problems result.

The Social Workers are also responsible for assisting in the prevention of homelessness and, although this is not delegated to the Urban District, it forms a part of the Prevention of Break-up of Families. High level rents in privately owned property make the alleviation of this growing problem more difficult. Help is received from various agencies and the co-operation and interest of the District Housing Department is much appreciated.

Families needing the support and advice of the Social Workers are referred by the Health Visitors, the family doctors and other social work agencies; in addition it is becoming more common for those in distress to make direct application for help to this office.



## PREVENTION OF BREAK-UP OF FAMILIES

The following is a summary of the work undertaken by the Social Workers during the year under review:-

Number of Case Conferences held	..	..	2
Number of families at risk at 31.12.69.		..	102
Number of children of families at risk at 31.12.69.			336
Number of children in care -			
(1) For reasons of family failure			8
(2) Other reasons	..	..	Nil
(3) Number of children in Part III accommodation -			
(a) For reasons of family failure			4
(b) Other reasons	..	..	Nil
Number of families receiving attention from Social Workers at 31.12.69.	..	..	61
Number of families in receipt of special attention and support by Health Visitors	..	..	8
Number of families re-housed -			
(a) By Housing Authorities		..	8
(b) Privately	..	..	6
Number of Recuperative Holidays under the Scheme for the Supervision of the Break-up of Families			Nil

## CARE OF THE UNMARRIED MOTHER AND HER CHILD

The Social Workers maintain a good liaison with the Voluntary Organisations who provide the Social Work help to the Unmarried Mother.

This Authority provides financial help, in necessitous cases, for the stay of an Unmarried Mother in a Mother and Baby Home for a period before and after her confinement. Eight such cases were approved for financial support during the year - slightly less than the 1968 figure.

## PHYSICALLY HANDICAPPED

Work with the disabled in the district is expanding and the number of physically handicapped known to the Social Workers has increased.

The onset of a major physical handicap often causes problems of an emotional and physical nature. There is more appreciation of the psychological stress experienced by people with physical handicaps and it is recognised that Social Workers can be of great use in this field. The aim of the Social Worker is to work closely with the client and with other outside Agencies in order to assist him to live as normal a life as possible.

The close relationship between the Social Worker and the disabled person is necessary and advice on employment, finance, aids and adaptations, rehabilitation and occupational therapy and holidays can help to overcome some of the difficulties. It is essential that the Social Work team maintains close contact with all other members of the Health team, including General Practitioners and many other statutory and voluntary services.

## Register of the Handicapped 1969

Number on Register as at 31.12.1969	..	357
Number added to Register	..	98
Number removed from Register	..	47

## Reasons for removal from Register

Died	..	..	34
Moved away	..	..	7
Recovered	..	..	6

## BLIND AND PARTIALLY-SIGHTED PERSONS

The Home Visitor for the Blind is employed for two thirds of her time in the Esher Urban District. The decision to register those persons who are blind or partially-sighted is made by the Ophthalmologist and, following registration, the Home Visitor assists these persons to live as active a life as possible.

Part of the Home Visitor's work involves teaching the blind to read Braille and Moon, and the Council is obliged to meet the membership fee of the National Library for the Blind. Many of the services for the blind are provided by voluntary organisations such as the Royal National Institute for the Blind which provides aids to assist independence, and the Surrey Voluntary Association for the Blind from whom financial assistance can be obtained. The Home Visitor co-ordinates this voluntary help.

	Blind		Partially Sighted	
	M.	F.	M.	F.
No. on register at 31.12.69.	35	67	10	24
No. added to register	4	6	3	6
No. removed from register	2	8	—	2

Age Group	New Cases Registered				Total Registered							
	Blind		Partially Sighted		Total		Blind		Partially Sighted		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 - 4	-	-	-	2	-	2	1	1	-	2	1	3
5 - 15	-	-	2	-	2	-	-	-	2	1	2	1
16 - 49	-	-	-	2	-	2	8	8	2	6	10	14
50 - 64	1	-	-	-	1	-	9	8	1	2	10	10
65 - 84	2	5	1	2	3	7	12	34	5	13	17	47
85+	1	1	-	-	1	1	5	16	-	-	5	16
	4	6	3	6	7	12	35	67	10	24	45	91

THE DEAF AND/OR DUMB AND THE PARTIALLY HEARING

The Council provides the services of a part-time Social Welfare Worker to assist residents who come into this category.

The Royal Association in Aid of the Deaf and Dumb provides for the totally deaf; the Middlesex and Surrey League for the Hard of Hearing are agents for the County Council, and provide social clubs for the hard of hearing.

The Social Worker maintains a Register of Deaf and Dumb persons, visits them in their homes, gives assistance regarding employment and family problems, and acts as interpreter in hospitals, courts, etc. She also attends a club for the youthful deaf and dumb in Surbiton and a Darby and Joan Club in the same district. The members make their own arrangements for transport.

In addition, she assists the hard of hearing with problems in respect of their hearing aids.

At the 31st December, 1969, the register contained the names of 29 deaf and dumb residents - an increase on last year's figures. In addition there is one child who attends a special school. The Social Worker visits during the school holidays, talks with the children and parents, and gives advice on future employment.



## VOLUNTARY SERVICES

### Meals on Wheels

The W.R.V.S. provide this service to cover the needs of elderly and disabled residents living in the northern part of the district. Hot meals are distributed on Mondays, Wednesdays and Fridays, and the total number of meals provided was 12,504.

The British Red Cross Society provide a smaller service for the residents of Cobham, Stoke D'Abernon and Oxshott. During the year 2,549 meals were prepared and transported to the homes of the recipients.

In addition, 62 meals were prepared under the Housemother Scheme, and provided for the residents at the standard charge.

These services are subsidised by the Esher District Old People's Welfare Council.

### Clubs

Numerous clubs are provided throughout the district by local voluntary organisations. They are chiefly for those who are "mobile" and able to attend without assistance, but, in addition, many of them make arrangements so that those who are unable to make the journey through infirmity or other handicap can be transported to and from the club.

The British Red Cross Society organise a Club for the Physically Handicapped which is held in King George's Hall, Esher, every month. A high proportion of those who attend are transported. The Club provides an excellent opportunity for members to make friends and to take part in various activities and occupations.

The Council's Social Workers for the Physically Handicapped find that, through this Club, they are able to maintain contact with many of those who are on the register.



### Home Visiting Service

This operates throughout the district with the encouragement of the Old People's Welfare Council. The scheme is entirely voluntary and comprises an organiser in each locality and a group of visitors.

Visitors alleviate the loneliness of those who live alone, and inform them of facilities available. They are in a position to call upon the statutory services when they appear to be required, and for medical aid in case of need.

### Register of the Elderly, Infirm and Physically Handicapped

The flood of September, 1968, affected a considerable part of the district and house to house visits by Public Health Inspectors revealed the existence of numerous frail elderly people who would need assistance if another flood occurred, and who would benefit by some supervision.

Accordingly it was decided to make a register of all such persons, and this was compiled from information obtained from the Public Health Inspectors, local general practitioners, Health Visitors, District Nurses, Social Workers and by co-operation with the Department of Health and Social Security.

Having obtained the register, the problem was how to keep it up-to-date. This could be done to some extent through notifications of deaths by the Registrar, and returns by the field staff regarding movement into and out of the district. This however was insufficient as many of those on the register were not under close supervision.

Accordingly it was decided to try to initiate "Good Neighbour" Schemes in the areas affected, with the intention that these voluntary organisations would co-operate with the Council when flooding threatened by providing advice and help to those who needed it, and to supplement the Social Services at other times by reporting movements out of the district and any cases where a visit from a Social Worker seemed to be indicated.

continued .....

Such a voluntary organisation was successfully created to cover the areas of Thames Ditton, Long Ditton, and Hinchley Wood, but unfortunately the same progress was not made in respect of East and West Molesey.

It is hoped that in due course there will be a similar scheme for the Molesey area, and that it will be possible to keep such schemes alive by the interest of the volunteers in those for whom they are responsible, and by occasional exercises in co-operation.



PART III

THE SCHOOL HEALTH SERVICES





SCHOOL HEALTH SERVICE

MEDICAL, DENTAL AND HEALTH VISITING STAFF 1969

School Medical Officer

Eric Pereira, M.B., B.S., D.P.H.

Senior Assistant Medical Officer

Dr. V. Simmons, M.R.C.S., L.R.C.P., D.C.H.

Medical Officers

E.V. Fraser, M.B., B.S., M.R.C.S., L.R.C.P.

D.M. Ducker, M.B., B.S. - Sessionally employed.

Medical Director - Child Guidance Clinic

M.J. Shepperd, M.R.C.S. L.R.C.P., D.P.M.

Audiologist

E.A. Beet, M.R.C.P., D.P.H.

Ophthalmic Surgeon

J. Fischer, M.D., D.O.M.S. (Eng.)

School Dental Surgeons

Mrs. A.W. Clement, L.D.S., R.S.P.S. (Glasgow)

Miss N. Hughes, B.D.S. - Part-time

District Nursing Officer

Miss J.M. Cole, S.R.N., S.C.M., H.V.

Health Visitors

Mrs. M. Arthur	-	Part-time
Miss J. Dicks		
Miss J. Dunstone		
Mrs. J. Fackrell	-	Part-time
Miss P.M. Francis		
Mrs. M.G. Fricker		
Mrs. F.M. Hamp		
Miss B. Heathcote		
Mrs. Y. Lwin		
Miss E.H. Stoba	-	Commenced 27.1.69
Mrs. P. Worthy		

Physiotherapist

Mrs. B. Loe	-	Sessionally employed
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Audiometrician

Mr. A.R. Weatherstone	-	Resigned 7.4.69
Mrs. B.C. Maughan	-	Commenced Sept. 1969

School Nurse (S.R.N.)

Mrs. N. Haynes	-	Part-time
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## 1. POPULATION AND SCHOOLS

### (a) Maintained Schools

There were 27 Primary and Secondary departments in the area on 31st December 1969, housing 7,393 children. Part of St. Joseph's Convent (Independent) was taken over by the Education Department to form a new middle school for children from 9 - 13 years. This department is known as St. Thomas More R.C. Middle School.

### (b) Independent Schools

Independent schools may make application for school medical and dental inspection to be made available to their pupils. In the Esher district four such schools (St. Joseph's Convent, Emberhurst School, Milbourne Lodge Senior School and Grantchester House) have so far made such applications.

## 2. MEDICAL INSPECTION

### (a) Routine Medical Inspection

The systematic Routine Medical Inspection by age groups is undertaken in the area as follows:-

Primary	( (i) On entry	) Complete
	( (ii) During year in which age 8	) Medical
	( is reached	) Examination
Secondary	((iii) On entry	Ditto
	( (iv) During year in which age 13 is	)
	( reached (if more than a year from	) Eye Test only
	( last routine inspection)	)
	( (v) During year in which age 15 is	) Complete Medical
	( reached	) Examination

Children are also inspected at any time at the request of the parent or head teacher.

2,519 children were examined at Routine Medical Examinations during the period: parents were present for 1,287 of these examinations.

(b) Special and Re-examinations

Children who may be potential handicapped pupils, either physically or mentally, are supervised and followed up as often as necessary and a handicapped register is kept to make sure regular assessments are made and the child channelled to suitable employment, when the time comes. Children who are receiving treatment or recommended for treatment are reinspected as a routine.

(c) General Physical Condition

The general physical condition of a pupil examined at a Routine Medical Inspection is determined by the personal assessment by the School Doctor.

Of the 2,519 pupils inspected at Routine Medical Inspections, only one was found to be in an unsatisfactory general physical condition.

(d) Cleanliness

During 1969 Health Visitors visited schools in the area for the purpose of cleanliness inspections. 3,430 pupils were examined and 46 were found to be infested.

(e) Infectious Diseases

241 cases of infectious disease occurred amongst school children. This figure mainly comprised of children suffering from chicken pox and mumps.

### 3. DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

The following table shows the percentage of defects found at Routine Medical Inspections during 1969:-

Number of pupils examined ..	2,519
Number of pupils found with defects for treatment	299
Percentage of pupils in need of treatment	11.8%
Number of defects requiring observation	1,250
Number of defects requiring treatment	317

### 4. TREATMENT OF DISEASE AND DEFECTS

#### (a) Attendance at School Clinics

Special sessions are held at clinics throughout the area for Remedial exercises, Speech Therapy, Hearing and Vision defects, and staffed by specialists in their particular field.

For details of attendances see Tables F, G, H, I, and J.

#### (b) Child Guidance

This continues to be an exceedingly busy clinic which, regrettably, often leads to a very long wait before children can be seen and, at times, to less frequent treatment than is ideal, especially as urgent cases are still fitted in as quickly as possible.

The County Authorities realize the need for extra psychiatric sessions, and are endeavouring to obtain the necessary extra staff. It is hoped that the pressure may be slightly reduced when the new Clinic at Chertsey opens - possibly in 1971.

It has become increasingly clear that there is a need both for a Day Remedial Learning Centre and also for a Day Centre for maladjusted children.

This latter would serve a double purpose, both for children waiting for a residential placement and also for a large number who do not need to go away from home, but, for a variety of reasons, need the small groups and special handling such a unit could supply. At times at present it becomes necessary to exclude them from school altogether. At other times they are contained there not only to their own detriment, but also to that of other children and the staff. A time at a Day Unit would often enable them to return later to the normal educational stream, and, in the long run, would be an economy as such treatment is less costly than boarding placement.



### (c) Routine Audiometry in School

The routine testing of hearing of school children aged 6-7 years is carried out separately by the Council's Audiometrician as part of the routine medical inspection. Unfortunately this was not possible during this particular year because of the lapse of time between the resignation of one audiometrician and the appointment of a successor. Any child suspected of a hearing defect was seen at one of the Clinics and the back log of routine tests in school will be done in 1970.

Normally each child is tested individually and an audiogram constructed for those with significant hearing loss. Children failing the tests are followed up and examined by an Assistant Medical Officer. Where necessary they are referred for the opinion of the Special Audiology Clinic or to the hospital services after consultation with the general practitioner concerned.

See Table III I and J.

### (d) Convalescent Treatment

The Council's scheme provides for free convalescent treatment for any pupil attending a school or educational establishment maintained by the Education Authority, or attending an independent school for which school health service facilities have been made available. No such cases arose this year.

## 5. DEATHS OF SCHOOL CHILDREN

During the year 2 deaths of school-children were reported. Both were boys; one died as the result of a road accident, and the other was a handicapped boy who died of asthma.

## 6. DENTAL INSPECTION AND TREATMENT

The following table shows the number of children who were examined by the Dental Surgeons at Routine and Special Inspections, and the number referred for treatment during the year.

Number inspected	..	..	6,858
Number found to require treatment	..		3,934
Number treated	..	..	2,830

Repeated dental inspections reveal that a large number of children who do not have treatment through the School Dental Service attend private Dentists.

## 7. EMPLOYMENT OF CHILDREN

188 children aged 13 or over were examined by School Medical Officers during the period to ascertain their fitness to undertake part-time employment. All were fit for employment.

Three children were examined during the year to enable them to take part in entertainment, and all were found to be fit.

## 8. IMMUNISATION

At routine medical inspections the state of each child's immunity is checked and provision is made for any booster doses that may be required.

B.C.G. vaccination against tuberculosis is offered to children who are in their 12th year. A full programme was carried out in 1969; all positive reactors are referred to Kingston Chest Clinic for an x-ray and practitioners are kept informed of the results.

Number given a Mantoux test	..	488
Number Mantoux positive and referred to		
Chest Physician	..	56
Number given B.C.G.	..	389

## 9. HYGIENE OF SCHOOL BUILDINGS

School buildings have been reinspected during the year and, when items are found requiring attention, the Education Officer is notified. In due course the Property Maintenance Section of the Engineer & Surveyor & Town Planning Officer's Department arranges for the work to be put in hand.

There is a wide difference in the types of drinking water fountains installed in schools. Some are more hygienic than others, and some could be potentially dangerous to children if there is congestion and jostling of pupils takes place. This matter has received careful consideration and it has been agreed with the Council's Architect that in future only the Royal Doulton type No.2561 will be fitted in new schools and as replacements in older schools.

## 10. HANDICAPPED PUPILS

A very important part of the work of the School Health Service is the early ascertainment of the children who have physical or mental defects.

The general policy is that, wherever possible, a child shall be educated in an ordinary school. When the handicap is such that special education is considered essential, the case must be very carefully assessed with assistance from experts in each particular field.

Where special education in a day school is considered suitable, the case is referred to the District Education Officer, who makes the necessary arrangements, including the provision of transport.

Admission to residential special schools is arranged by the Chief Education Officer at County Hall.

Table V shows that there were 136 children on the Handicapped Pupils' Register at 31st December 1969.

The names and addresses of physically handicapped children are passed to the appropriate Social Worker so that she can get to know them and give some thought to their future lives. At about age 13 the intention is that she shall maintain close contact and ensure that these children are guided into the most suitable occupation, with or without special training.

## 11. PROMOTION OF HEALTH

### Health Education in Schools

Reference is made to Health Education in Part II of the Report. From this it will be seen that quite considerable programmes of health education were undertaken at certain of the schools. Children of secondary school age are clearly excellent subjects for health education in all its aspects, and it is hoped that gradually time will be found for its inclusion in the curriculum of each secondary school.



## REMEDIAL TEACHING

The normal intake of 5 year olds into the infant schools contains children of all levels of ability and it is the aim of education to see that each child attains, during his years at school, a standard commensurate with his true potential.

Children who are falling behind their contemporaries in school work are brought to the notice of the school doctor at medical inspections, or referred by the headteacher to the Educational Psychologist. A proportion of these children are found on investigation to have a lower than average intelligence, and these children are admitted, with parental consent, to the special schools for slow learners at Leatherhead or Chessington, where they can benefit from a slower pace of work and smaller classes with greater individual help.

Severely subnormal children are normally known to the Health Authority before they reach school age and are admitted to the new Walton Leigh Training Centre at the appropriate time after they are 2 years old.

There remain in all schools a number of children who, on intelligence testing, appear to be of average or even above average intelligence, but who do not make the expected progress. This problem appears to occur most commonly in boys and typically they are detected because of the great difficulty they have in learning to read. Word blindness or dyslexia are, at present, the fashionable words to account for learning difficulties, and whilst dyslexics occur in the group, it also contains children with other problems, e.g., deprived, underprivileged or disturbed children and many for whom no cause for their difficulties can be found.

Some schools do provide remedial teaching, but not all schools can provide the expert and individual help these children need. A few children in the area attend a S.C.C. Remedial Centre at Epsom and some the I.C.A.A. Word Blind Centre in London, but both have long waiting lists and involve long journeys and provide help for only a small proportion of the children.

It would appear essential that to help these children there should be remedial teaching, either within their own schools or at a centre near to their schools so that they may attend frequently and regularly and have the benefit of individual help from teachers specially trained in the methods devised for helping these children

## SELECTIVE MEDICAL INSPECTION

For some years past the Department of Education and Science has encouraged Local Education Authorities to experiment with alternative methods of selecting children for medical examination. A number of authorities have adopted a scheme of Selective Medical Inspection which, they claim, makes better use of the medical time available, avoids repeated examination of completely healthy children, and concentrates attention on those children who really need help.

The adoption of such a scheme means that considerable administrative changes must be made and, in a large area, one or more pilot schemes must be organised and the pitfalls discovered before general adoption is decided upon.

In Surrey it has been arranged that there shall be pilot schemes in the Esher district and the Dorking and Leatherhead areas.

Planning is underway for the introduction of the scheme in January 1970 and, briefly, the new arrangements will be as follows:-

<u>At school entry</u>	-	Complete medical examination of every child.
<u>At age 8 years</u>	-	Health questionnaire to be completed by parents.
<u>At age 12 years</u>	-	ditto.
<u>At age 15 years</u>	-	Medical examination of each child.

At ages 8 and 12 children are selected for examination by the Medical Officer from her own knowledge of the child, on information provided by the teaching staff, and by the parent through the medical questionnaire.

There are certain aspects of a child's health which require regular observation, viz., hearing and vision, and arrangements for routine testing of all children in both these fields will be continued.

In my next report I hope to be in a position to inform the Committee on the success, or otherwise, of the pilot scheme.



TABLE I

## A. ROUTINE MEDICAL INSPECTIONS

<u>Age Groups Inspected</u> <u>(By year of Birth)</u>	<u>No. of Pupils</u> <u>Inspected</u>
1965 and later	46
1964	690
1963	120
1962	30
1961	376
1960	149
1959	45
1958	20
1957	76
1956	47
1955	358
1954 and earlier	562
Total	<u>2519</u>

## B. SPECIAL INSPECTIONS

No. of Special Inspections	17
No. of Re-inspections	<u>194</u>
Total	<u>211</u>

## C. INFESTATION

No. of children examined	3430
No. of individual pupils found to be infested ..	46

## D. CASES OF INFECTIOUS DISEASES NOTIFIED

<u>Disease</u>	<u>Age</u>		
	<u>5-9</u>	<u>10-14</u>	<u>15+</u>
Dysentery	5	-	-
Infective Jaundice	8	8	5
Measles	22	4	1
Scarlet Fever	10	-	1
Whooping Cough	1	-	-
Food Poisoning	39	-	-
	<u>          </u>	<u>          </u>	<u>          </u>
Total	<u>85</u>	<u>12</u>	<u>7</u>

The cases of food poisoning relate to an outbreak in a school which is mentioned in some detail in Part I of the report.

DEFECTS FOUND IN SCHOOLCHILDRENTABLE II

## A. DEFECTS FOUND AT MEDICAL INSPECTIONS

Defect or Disease	No. of Defects	
	Requiring Treatment	Requiring to be kept under observation
Skin .. ..	23	97
Eyes -		
(a) Vision ..	188	268
(b) Squint ..	9	60
(c) Other ..	9	66
Ears -		
(a) Hearing ..	7	38
(b) Otitis Media ..	-	58
(c) Other ..	1	9
Nose or Throat ..	10	252
Speech ..	2	46
Lymphatic Glands ..	-	45
Heart and Circulation ..	-	34
Lungs .. ..	1	89
Developmental - ..	.	.
(a) Hernia ..	-	8
(b) Other ..	4	17
Orthopaedic -		
(a) Posture ..	7	95
(b) Feet ..	8	107
(c) Other ..	2	73
Nervous System -		
(a) Epilepsy ..	-	11
(b) Other ..	-	26
Psychological -		
(a) Development ..	1	23
(b) Stability ..	3	84
Abdomen .. ..	3	48
Other .. ..	40	128
Total	318	1682

Note: These figures also include a small number of Special Inspections

## B. PUPILS FOUND TO REQUIRE TREATMENT

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Table II	Total Individual Pupils
1965 and later	3	1	3
1964	19	42	53
1963	4	8	9
1962	3	2	4
1961	14	36	41
1960	7	8	13
1959	1	3	2
1958	1	-	1
1957	10	3	15
1956	3	1	5
1955	46	14	63
1954 and earlier	75	13	90
Totals	186	131	299

TREATMENT OF DISEASES AND DEFECTS

TABLE III

A. DISEASES OF THE SKIN

			No. of cases known to have been treated during the year
			<hr/>
Scabies	..	..	-
Impetigo	..	..	2
Warts	..	..	10
Other skin diseases	..	..	3
			<hr/>
		Total	15
			<hr/>

B. EYE DISEASES, DEFECTIVE VISION AND SQUINT

			No. of cases known to have been dealt with
			<hr/>
External and other, excluding errors of refraction and squint	..	..	-
Errors of refraction (including squint)			169
			<hr/>
		Total	169
			<hr/>

Number of pupils for whom spectacles were prescribed	..	150
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C. DEFECTIVE HEARING

Total number of pupils in school who are  
known to have been provided with  
hearing aids at the expense of the Authority

(a) In 1969	..	3
(b) In previous years	..	8



D. OTHER TREATMENT GIVEN  
(This includes hospital cases)

	No. of cases known to have been dealt with
(a) Pupils with minor ailments ..	12
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Other than (a) and (b) above -	
1. Heart .. ..	-
2. Lungs .. ..	-
3. Nervous system ..	2
4. Lymphatic glands ..	3
5. Developmental ..	1
6. Abdomen .. ..	5
7. Psychological .. ..	1
8. Other .. ..	4
Total (a) and (c)	28

E. ATTENDANCES AT SCHOOL MEDICAL CLINICS

Defect	No. of Attendances
Skin .. ..	25
Eyes .. ..	15
Ears .. ..	29
Nose & Throat .. ..	10
Speech .. ..	13
Lymphatic Glands .. ..	2
Heart .. ..	-
Lungs .. ..	2
Developmental .. ..	10
Orthopaedic .. ..	23
Nervous System .. ..	5
Psychological .. ..	25
Abdomen .. ..	2
Other .. ..	13
Total	174

## E. (contd.)

No. of school children examined for part-time employment	188
No. of children examined for entertainment licences	3
No. of adults medically examined	86

## F. ATTENDANCES AT EYE CLINICS

The table below gives details of work carried out at the Molesey, Esher and Cobham Eye Clinics during the period:-

* No. of attendances	..	..	973
No. of individual patients examined	..	..	587

## TREATMENT

Errors of refraction (including squint)	..	..	169
Glasses prescribed	..	..	150

\* This includes school children, pre-school and specials.

## G. REMEDIAL EXERCISES

Centres - Cobham, Esher, Long Ditton and Molesey

No. of Sessions	..	..	75
No. treated	..	..	59
No. of attendances	..	..	278
No. of new cases admitted	..	..	37
No. discharged	..	..	15

In addition 4 school children were treated in hospital out-patient departments for orthopaedic defects.

## H. SPEECH THERAPY

Centres - Cobham, Esher, Long Ditton and Molesey

No. of cases under treatment	..	143
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## I. AUDIOMETRY - HEARING TESTS

The following table gives details of the number of children tested and the results of investigation of children who failed the test during 1969

	Routine Examinations	Retests & Specials	Total
(1) No. of children tested ..	32	83	115
(2) No. of children who failed test	4	43	47
(3) Result of investigation by School Medical Officers -			
(a) No significant hearing loss	2	-	2
Deafness due to -			
(b) Catarrhal condition(with or without inflammation of ear)	1	12	13
(c) Old otitis media ..	-	1	1
(d) Other causes ..	1	12	13
(e) Undetermined cause ..	-	1	1
(f) Untraced or left district	-	2	2
(g) Investigations remaining to be carried out ..	-	1	1
	4	29	33
(4) Recommendations -			
(a) For observation only	2	18	20
(b) Referred to Audiology Clinic	-	2	2
(c) Referred to General Practitioner	-	6	6
(d) Referred to E.N.T. Consultant	-	-	-
(e) Special position in Class	2	3	5
	4	29	33

## J. AUDIOLOGY - HEARING DEFECTS

Ages	New Cases referred to Audiology Clinic	Not fully assessed by end of previous year	Found to have impaired hearing but not requiring hearing aid	Found to have normal hearing	Not fully assessed by end of year	Total Examinations at Audiology Clinic during the year
0-2	9	2	-	10	1	12
2-5	29	9	1	32	5	40
5-7	5	2	-	5	2	7
7-11	-	2	-	2	-	2
11+	1	-	-	1	-	1
Total	44	15	1	50	8	63

DENTAL INSPECTION & TREATMENT

TABLE IV

DENTAL INSPECTION & TREATMENT CARRIED OUT DURING 1969

1. Attendances and Treatment

First Visit	1067
Subsequent Visits	2243
Total Visits	3310
Additional courses of treatment commenced	532
Fillings in permanent teeth	1936
Fillings in deciduous teeth	1268
Permanent teeth filled	1553
Deciduous teeth filled	1003
Permanent teeth extracted	154
Deciduous teeth extracted	389
General anaesthetics	73
Emergencies	4
Number of pupils x-rayed	220
Prophylaxis	878
Teeth otherwise conserved	13
Number of teeth root filled	7
Inlays	4
Crowns	9
Courses of treatment completed	1097

2. Orthodontics -

Cases remaining from previous year	47
New cases commenced during year	57
Cases completed during year	16
Cases discontinued during year	11
No. of removable appliances fitted	65
No. of fixed appliances fitted	1
Pupils referred to Hospital Consultant	-

3. Prosthetics -

Pupils supplied with F.U. or F.L. (first time)	-
Pupils supplied with other dentures (first time)	7
Number of dentures supplied	9

continued .....



## 4. Anaesthetics -

General Anaesthetics administered by Dental Officers	6
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## 5. Inspections -

(a) First inspection at school. Number of pupils	6858
(b) First inspection at clinic. Number of pupils	1072
Number of (a) plus (b) found to require treatment	3934
Number of (a) plus (b) offered treatment	2830
(c) Pupils reinspected at school clinic	435
Number of (c) found to require treatment	435

## 6. Sessions -

Sessions devoted to treatment	425
Sessions devoted to inspection	44
Sessions devoted to Dental Health Education	2

TABLE V.

PARTICULARS OF HANDICAPPED PUPILS AT 31st DECEMBER 1969

Category	DISPOSAL												
	Total Handi- capped pupils		Recommended Special School or Hostel					Recom- mended special education in Ordinary School	Home Tuition	Tuition in Hospital or Special Units	Under Review		
			In Special School or Hostel	Parents refuse consent	On Waiting List	In. Ordinary School	At home or in Hospital or in Private School						
	B	G	B	G	B	G	B	G	B	G	B	G	
Blind	-	-	-	-	-	-	-	-	-	-	-	-	
Partially sighted	2	2	1	-	-	-	1	1	-	1	-	-	
Deaf	-	1	-	-	-	-	-	-	-	-	-	-	
Partially deaf	9	1	2	1	1	3	-	-	1	-	2	-	
Educationally	44	22	28	15	9	-	-	-	-	-	1	1	
sub-normal	5	6	1	-	-	5	-	1	1	-	2	-	
Epileptic	14	7	8	3	-	-	2	2	1	-	1	-	
Maladjusted	9	3	5	-	-	-	-	4	3	-	-	-	
Physically	7	4	3	2	-	-	-	3	2	-	-	-	
handicapped	-	-	-	-	-	-	-	-	-	-	-	-	
Delicate	-	-	-	-	-	-	-	-	-	-	-	-	
Speech defect	-	-	-	-	-	-	-	-	-	-	-	-	
Total	90	46	48	21	10	5	6	14	13	3	4	5	

## IMMUNISATION

As a result of the Council's immunisation scheme the great majority of children enter school at age 5 adequately protected against diphtheria, whooping cough, tetanus and poliomyelitis.

Examination of the records of school entrants in 1967 and 1968 showed that nearly 100% of the children had been adequately protected against these diseases, and nearly 90% against smallpox. These levels of immunity are very satisfactory and every effort will be made to maintain them.

As regards vaccination against measles, the scheme to immunise children in priority groups was pursued energetically in 1968, using a vaccine which was withdrawn in 1969 following a report of very severe reactions in a few cases. A few children in this district had sharp reactions, but all made complete recoveries.

With limited supplies of an alternative vaccine the scheme was continued locally, and in December 1969 a survey of 717 school entrants gave the following information:-

Had measles	-	281	=	39.3%
Immunised	-	328	=	45.7%
Unprotected	-	93	=	12.9%
No records	-	15	=	2.1%

Unprotected children will be offered immunisation as vaccine becomes available.

I give below the numbers of cases of measles notified by general practitioners yearly since 1965:-

<u>Year</u>		<u>No. of cases</u>
1965	-	864
1966	-	218
1967	-	548
1968	-	43
1969	-	36

The reduction in incidence since 1968 is dramatic and suggests that immunisation is effective.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR  
FOR THE YEAR 1969

To the Chairman and Members of the  
Urban District Council of Esher

April, 1970

Ladies and Gentlemen,

I have pleasure in submitting my eighth annual report, for the year 1969.

I made reference last year to the floods in 1968. During the earlier part of the year under review a great deal of time was spent by the Public Health Inspectors, who were requested by residents in the areas which were flooded, to give advice on various matters, and particularly regarding redecoration.

Each year, new legislation is made, some minor and some major. In July the Housing Act 1969 became law; this important measure deals with improvement grants and amends the law regarding rents of dwellings in good repair and provided with certain amenities. It is also concerned with houses in multiple occupation; with payments for unfit houses subject to compulsory purchase, clearance, demolition or closing orders and with other matters.

In December, the Council decided that in the main, grants were now predominantly and inextricably linked with the duties of the Public Health Department. This responsibility was accepted. The Surveyor will continue to be consulted on certain structural conditions of properties under the Building Regulations and on the planning and road aspects which might affect the life of properties.

Members of the public continue to be active in drawing the department's attention to irregularities in food. The number of complaints of this nature was slightly higher in 1969 compared with 1968. It was necessary to institute legal proceedings in five cases.

continued.....

-2-

In conclusion, I would like to thank the Chairman and members of the Health Committee and Dr. Pereira and Officers in other departments for their valued help and support. My thanks too, to the Public Health Inspectors and to the technical and office staff for their assistance and loyalty throughout the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. L. BARKER.

Chief Public Health Inspector.



INSPECTION OF DISTRICT

ANALYSIS OF VISITS

Air Pollution research	272
Caravans	3
Catering Establishments	22
Clean Air Act	31
Disinfection	3
Disinfestation	52
Drains tested	111
Factories (powered)	10
Food premises	306
Food inspections	158
Food & Drugs sampling	127
Food Poisoning	343
Health Education	30
Home Help Service - transport assistance	20
Housing Act 1964 - Improvement Grants	214
Ice cream	18
Infectious Disease	239
Milk Sampling	38
Miscellaneous	505
Noise	117
Offices	58
Old Persons' Welfare	234
Pet Animals and Animal Boarding Kennels	13
Petroleum Storage	213
Pigeons	64
Ponds, ditches, accumulations	64
Premises reinspected after floods of 1968	1,064
Premises inspected (general)	627
Premises reinspected or works in progress	684
Rats and mice, etc. (visits by Pests Officer)	4,368
Retail Shops	310
Riding Establishments	12
Sanitary conveniences on building sites	3
Stables & piggeries	3
Swimming Baths	54
Water supply or sampling	12
Wholesale Shops and Warehouses	6

## HOUSING, DRAINAGE AND WATER SUPPLY

Included in this item of the report, in tabulated form, are details of action taken following inspection or complaint in respect of damp conditions, unsatisfactory drainage, and other defects in dwelling houses.

The 1969 Housing Act is an important piece of legislation aimed at a shift of emphasis on housing work into the improvement of older houses to provide families living in them with conditions wholly comparable with those of a modern built house. This means that in addition to installing the standard amenities, i.e., bathroom, inside w.c., hot water etc., the houses will be put into a proper state of repair.

Houses which merit demolition or closure must not be neglected, but such cases are relatively few in this District and in the main energies can be devoted to raising general housing standards by improvement and repair.

Housing Acts legislation offers a very wide scope indeed in the daily work of the department, for example, improvement, repair, clearance, demolition, closure, overcrowding, multi-let dwellings, fire precautions and basements. To continue to raise housing standards all the relevant Acts and Regulations must be applied and used to the best advantage of the District and more important, for the family or individual in adverse circumstances.

Legislation grows steadily more complex and here tribute must be paid to the Solicitors in the Clerk of the Council's Department for assistance to grapple with legal interpretations and statutory notices.

The new Housing Act amends the matters to be taken into account in determining unfitness of dwellings for human habitation "internal arrangement" is added as a factor which has to be considered whereas food storage is omitted.

A considerable volume of work will result from the introduction of rent reform into the 1969 Housing Act. Rent controlled properties may be converted into regulated tenancies providing the property has the standard amenities and is in good repair.

continued .....

Owners may apply to the Council for Qualification Certificates in respect of controlled properties and providing they comply with the requirements mentioned above, fair rents can be fixed by the Rent Officer.

Where properties do not already have the necessary amenities the owner may make a combined application for grant and qualification certificate and in this case the new rent is fixed before any works are carried out.

In either of these cases the Local Authority has the satisfaction of knowing that a sound property will be available for habitation in the district for a considerable number of years.

It is worthwhile mentioning that section of the 1969 Housing Act which deals with Qualification Certificates. The section lays down conditions which a dwelling must satisfy before a certificate can be issued by the Local Authority. It says that a dwelling shall be in good repair having regard to its age, character and locality. This gives the Local Authority a certain amount of discretion in dealing with a property, and ensures that where the standard of housing is generally high, as it is in this area, relatively high standards can be maintained.

Standards relating to houses are constantly being raised and such standards are now rightly being considered in conjunction with the immediate environment. The Local Authorities work on this aspect of housing therefore must be looked on as a continuing problem.

The Public Health Inspectors work on housing, especially repair and improvement, is vital in the coming years, and work will be pressed forward with enthusiasm.

Action taken under the Housing Acts during 1969 is summarised as follows:-

Houses demolished during 1969	..	18
Houses previously unfit brought up to habitable standard		5
Houses where demolition orders operative	..	17
Houses closed	..	10
Houses where Closing Orders operative	..	7
Houses acquired by the Council awaiting demolition		1
Houses in confirmed Clearance Areas	..	26
Premises where undertakings given not to use as dwellings		6
Houses where action has commenced	..	1



The number of completed improvements where grant has been paid by the Council over the last six years is as follows:  
1964 - 52, 1965 - 72, 1966 - 78, 1967 - 75, 1968 - 66, 1969 - 70.

Fourteen applications for compulsory improvement were received during the year. During 1969 the following actions resulted:-

(a) Dwellings where improvements completed	..	22
(b) Applications withdrawn by tenants	..	3
(c) Representations notified to persons in control of dwelling	.. ..	14
(d) Preliminary notices served	.. ..	16
(e) Immediate improvement notices served	..	24
(f) Appeal made	.. ..	1

#### Part 1 - Applications for Certificates of Disrepair. (Rent Act).

(1) Number of applications for certificates	..	6
(2) Number of decisions not to issue certificates	.	1
(3) Number of decisions to issue certificates	..	5
(a) in respect of some but not all defects	1	
(b) in respect of all defects	4	
(4) Number of undertakings given by landlords under paragraph 5 of the First Schedule	..	2
(5) Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	-	
(6) Number of certificates issued	..	2

The water supply of the area is governed by two statutory bodies, and is excellent in quality and quantity. The Water Companies are constantly sampling the water, both from chemical and bacteriological points of view, therefore routine sampling by this Department is not considered necessary, and sampling is carried out only when there is a special reason for so doing.

The water supplied is not plumbo-solvent.

All the dwelling houses in the district have a piped supply direct to the houses from public water mains.

The natural fluoride content of the two supplies in the Urban District is as follows:-

Metropolitan Water Board 0.25 parts per million

East Surrey Water Company 0.15 parts per million

## STATISTICS

No. of houses built by the Council during 1969	..	78
No. of houses built by private enterprise during 1969		402
No. of Council houses under construction	..	47
No. of private houses under construction	..	367
No. of dwellings provided by conversion	..	6

## COMPLAINTS

The number of complaints received in respect of housing and drainage matters was	..	146
--	----	-----

## NOTICES SERVED

Informal Notices (written and verbal) in respect of housing and drainage matters	..	121
Housing Act, 1957, Section 9, Notice requiring execution of works	..	1
Housing Act, 1957, Section 16, Notices of Time and Place for consideration of condition of house	..	9
Housing Act, 1957, Section 17, Orders for closing of houses and demolitions	..	18
Housing Act, 1957, Section 170 and Public Health Act, 1936, Section 27, Notices requiring information as to ownership of premises	..	102
Housing Act, 1964, Section 19 (2), Notification of Representations made in respect of dwellings for improvement	..	14
Housing Act, 1964, Section 19, Preliminary Notice of Local Authorities' proposals for improvement of dwellings	..	16

continued .....



## NOTICES SERVED (continued)

Housing Act, 1964, Section 19, Immediate Improvement Notices in respect of Dwellings not in Improvement Areas	..	24
Public Health Act, 1936, Section 39, Notice to drain buildings	..	11
Public Health Act, 1936, Section 45, Notice requiring repair of defective closet	..	1
Public Health Act, 1936, Section 75, Notice to provide a dustbin	..	1
Public Health Act, 1936, Section 93, Abatement Notices in respect of nuisances	..	18
Public Health Act, 1936, Section 93, and Noise Abatement Act 1960	..	1

## CARAVANS

There are two permanent site licences in force for the stationing of single caravans, but only one site is in use.

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the Engineer and Surveyor for the following information, the inclusion of which is required by Circular 1/70 from the Ministry of Health.

"The Council have established a main drainage section in the Department of the Engineer and Surveyor and Town Planning Officer, consisting of two teams each led by a Chartered Engineer. By the latter part of the year the teams were almost at full strength.

The first stage in the dis-continuance of the Cobham Treatment Works was completed with the laying of  $4\frac{1}{4}$  miles of twin P.V.C. pipes from Cobham to Esher. Preliminary drawings of the Pumping Station have been sent to the Ministry of Housing and Local Government for approval and the contract should commence in the coming year.

Design work has commenced on improvements of the soil sewerage system of the Claygate area and it is apparent that there will need to be a large scale reconstruction of the system. Because of surface water infiltration, it will also be necessary to lay a surface water system concurrently with the new soil system.

Partially in connection with the above, a draft scheme has been prepared to improve the main watercourse which serves Claygate (River Rytte) and in addition, larger areas of Esher, Hinchley Wood and Oxshott. Discussions are being held with the Ministry of Agriculture, Fisheries and Food with regard to this scheme.

The Oxshott, Stoke D'Abernon and Cobham soil system is also being investigated as are the main watercourses in that area with a view to capital improvement schemes.

The inadequate cesspool and septic tank drainage in Meadway and Albany Close, Esher, has been the subject of negotiation with the frontagers during the course of the year. Agreement has been reached and loan sanction obtained on the basis of a competitive Tender. Works should commence in March, 1970. Design work is proceeding on an extension to the scheme."

### FOOD AND DRUGS ADMINISTRATION

#### FOOD SAMPLING

During the year 127 samples of food and drugs were taken and submitted for analysis. Of the samples taken 7 were reported upon adversely and this represented 5.5 per cent of the total number. Adverse reports deal almost exclusively with the labelling or advertising of the product.

## SAMPLES TAKEN

Almonds, ground  
 Angelica  
 Apple & honey breakfast  
 Bacon grill  
 Batter mixture  
 Bay leaves, dried  
 Beef, corned  
 Beef pie  
 Beef steak pie with kidney  
 Bitter ale concentrate  
 Blackcurrant and apple pie  
 Bouquet garni

Capriton  
 Cherries, glaze  
 Chicken fillets  
 Chicken pie  
 Chicken stock cubes  
 Chocolate, Butter snap  
     "    cream sherry  
     "    cup cakes

Choc-nut  
 Chow mein with noodles  
 Chunky chicken supreme  
 Cider  
 Cochineal, liquid  
 Coconutice  
 Coffee, instant  
 Coffee, Viennese  
 Cooking fat  
 Cream  
 Cream, antiseptic  
 Crisps, cheese and onion  
 Curry, mild  
     "    paste  
     "    powder  
     "    prawn with rice

Doughnut, synthetic cream  
 Doughnut, real cream

Filling, apple pie

Gelatine  
 Ginger, ground  
 Gravy mixture

Ham & Chicken roll  
 Ham, spiced spread

Jam, pineapple  
 Jelly, raspberry

Limmits, milk chocolate meal

Mallows, lemon and orange  
 Marzipan, almond

Meat balls in brown gravy  
 Meat pies

Meat tenderiser

Milk, evaporated full cream

Milk, dried skimmed Redi

Minced beef with gravy

Minced beef with onions and gravy

Mussels in malt vinegar

Nutella

Onion sauce mixture

Onions, cocktail

Oranges

Oysters, smoked

Party pies

Passion fruit in syrup

Pastry, cream coffee

Peas, dried

Peppermint flavouring

Pimentoes, sweet

Pork, individual pies

Pork, loaf with olives

Pork pie

## SAMPLES TAKEN (continued)

Potato, creamed	Spaghetti in sauce
Powder, dessert	Sponge, pineapple bar
Prawns, cocktail	Spreads, sunny
Pudding, black	"    smoked duckling
	"    turkey
Quick-Jel	Steak and kidney pie
	Stewed steak with gravy
Rennet, essence of	Sugar, vanilla
Rice, savoury herb	Swiss Roll
Sanatogen	Tablets, iron
Sauces, cranberry	Toasty grills
"    chocolate	Tomato, Italian
"    fruit	Tomato juice
Sausages, pork	
"    preserved pork	Vinegar, chilli
Slice, fresh cream	Vinegar, malt
Soft drinks - Concentrated squash	Vinol
- Cydrax	
- Orange milk	Whisky
- pure lemon	
Soups, mushroom	Yeast, active baking
"    oxtail	Yogurt
"    tomato	



Details of the samples reported upon adversely by the  
Public Analyst:-

<u>Sample No. and Description</u>	<u>Irregularity</u>	<u>Action taken or result</u>
No.20 (Informal) Cheese and onion potato crisps	Ingredients not declared in the correct order, a printing error obviously responsible.	Manufacturers informed and they have replied that the error has been corrected.
No.53. (Informal) Cream	The cream had a "bitty" texture possibly due to storage at low temperature. The title did not indicate that the article was frozen cream.	Manufacturers informed. A reply has been received that further precautions will be carried out.
No.56. (Informal) Real cream coffee pastry	The article was not of the quality expected, the cream being sour.	The retailer has been informed. He replied that the refrigerator for cakes and pastries had inadvertently been switched off. He has been told that fresh cream cakes should be sold quickly and refrigeration should not be relied upon to prolong their life. A further sample taken was satisfactory.
No.65. (Informal) Dried Bay leaves	Not of the quality expected. The sample contained 24.8% of rust infected leaves.	The manufacturer has written to say that the remaining stock at the retailers would be uplifted and returned to the factory for examination and sorting.



<u>Sample No. and Description</u>	<u>Irregularity</u>	<u>Action taken or result</u>
No.68. (Informal) Glace cherries	Incorrect labelling. The ingredients as specified on the label included "glucose" but "liquid glucose" was the ingredient present.	The manufacturer has stated that the printing on the containers will be altered.
No.88.(Informal) Cocktail Onions	Incomplete list of ingredients. The colouring matter in the onions was not declared as an ingredient.	The manufacturers have written to say that both coloured and uncoloured onions are sold and this was the case of the wrong label being used. Instructions have been issued that more care must be taken.
No.100.(Informal) Minced Beef and gravy	Canned meat with gravy shall contain not less than 75 per cent of meat (The Canned Meat Product Regulations 1967). The total meat in this can was deficient by at least 5.6 per cent.	The manufacturers were written to and have replied that the code on the can indicates production in May 1968 when errors in mixing technique allowed an occasional can to have too little or too much. A formal sample of this brand was satisfactory.

## FOOD INSPECTION

The following is a list of diseased or otherwise unsound meat and other foods which were inspected and surrendered from food premises in the district and destroyed as being unfit for human consumption.

	<u>lbs.</u>
Bacon	112
Beef	1,670
Chicken	167
Cod fillet	54
Lamb	942
Liver, ox	55
"    pigs	28
"    lamb	2
Offal	54
Pork	147
Raspberries	4
Sausages	56
Steak	30
Sugar	328
Turkey	82
Veal	12
Frozen foods	54
	<u>Gals.</u>
Ice-cream	4 $\frac{1}{2}$
	<u>Tins</u>
Beef, corned	1
Orange juice, Florida	10
Pears	1
Pork, Cooked shoulder	6
Soup	2
	<u>Pkts.</u>
Beef, barley	2
Biscuits, water	22
Cake mixture	24
Crackers, cream	24
Cream sponges	18
Flour	16
Pastry, puff	28
"    shortcrust	22
Tea	4
Frozen foods	4,124
	<u>Doz.</u>
Eggs	18

## COMPLAINTS AND LEGAL PROCEEDINGS

Members of the public complained about forty-four articles of food or drink and these were examined by Inspectors. This shows an increase of four over last year's figures.

A number of the complaints were reported to the Health Committee and some warning letters were sent. In respect of the following articles, legal proceedings resulted.

Liver sausage.- Contained foreign matter. The retailer was fined £20 and costs of three guineas were awarded to the Council.

Sausage Roll.- Contained a foreign object. The retailer was fined £25 and costs of £15.4s.0d. were awarded to the Council.

Bottle of milk.- Contained a sweet chestnut. Retailers were fined £25 and costs of £10 were awarded to the Council.

Individual pork pie.- Contained a small piece of ferrous metal. The retailers were fined £30 and costs of £10. 10s. 0d. were awarded to the Council.

## POULTRY INSPECTION

(1) Number of poultry processing premises within the district				1
(2) Number of visits to these premises	..	..		26
(3) Total number of birds processed during the year	..			26,000
(4) Types of birds processed - e.g. turkeys, ducks, hens, broilers, capons, etc.	..	..	..	capon
(5) Percentage of live birds rejected as unfit for human consumption	..	..	..	5%
(6) Weight of poultry meat condemned as unfit for human consumption	..	..	..	910 lbs.
(7) Comments on poultry processing and inspections:-				

Slaughter takes place between 3 and 4 a.m., so that the poultry can reach market at 7 a.m. Birds are not eviscerated. Killing takes place usually on two days in the week, but this depends upon demand.

## MILK AND DAIRIES REGULATIONS

## Dealers' Licences

The following numbers of Dealers' Pre-packed Milk Licences were in force at the end of 1969:-

Licences to use the designation "Pasteurised"	33
Licences to use the designation "Sterilised"	18
Licences to use the designation "Untreated"	16
Licences to use the designation "Ultra Heat Treated"	21
Number of Milk Distributors registered in the area	11
Number of premises registered as Dairies (not being Dairy Farms) ..	4

## Milk Sampling

The number of milk samples taken and submitted for the phosphatase and methylene blue tests to check the efficiency of pasteurisation, was 26. They were all satisfactory.

## Brucella Abortus

The organism brucella abortus is responsible for contagious abortion in animals and undulant fever in man.

Tests for the presence of this organism were made in respect of 9 samples of untreated milk.

All the tests proved negative.

## Dirty Milk Bottles

In the year under review six complaints were received. In one case legal proceedings were instituted. Two dairies were concerned in connection with the six complaints.

Proceedings were taken in respect of one bottle when the retailer was fined £10 and costs of £2 were awarded to the Council.

## FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The following table shows the number of food premises in the district which are subject to these regulations:-

Bakers	..	..	17
Butchers	..	..	38
Clubs	..	..	51
Confectioners	..	..	45
Fishmongers	..	..	16
Food factories		..	2
Greengrocers	..	..	36
Grocers & General Stores		.	100
Hotels and Public Houses		.	60
Restaurants, Cafes, etc.		.	37
Schools	..	..	34
Works Canteens		..	30
Total			<u>466</u>

All these premises are fitted with sinks and wash-hand basins together with hot and cold water supplies in accordance with regulations numbers 16 and 19 of the Food Hygiene Regulations.

## ICE CREAM

During the year 11 samples were submitted for bacteriological examination (Methylene Blue Test). The results were as follows:-

No. of Samples	Provisional Grade	Rate % of the total number of samples taken
<u>10</u>	<u>1</u>	<u>90.90</u>
1	2	9.10



## THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no egg pasteurisation plants in this district.

Three samples of frozen liquid egg were taken for the Alpha-Amylase test to check the efficiency of pasteurisation and these were found to be satisfactory.

## LICENSING OF SLAUGHTERMEN

Whilst no slaughtermen are employed in this area there was one on the Register who received a licence for the year.

## NOISE ABATEMENT

Twenty seven complaints of noise nuisance were received during the year, the main source being from industrial premises close to residential property. It was necessary to serve one abatement notice in the year.

## CLEAN AIR ACT 1956

## MEASUREMENT OF AIR POLLUTION

The premises in which the volumetric station was positioned in Molesey were demolished during the year and the Department of Scientific and Industrial Research were informed of the closure.

Observations, however, were continued at Thames Ditton volumetric station during the Winter months.

There were no unusual weather conditions and pollution readings remained consistent throughout the recording period.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The year 1969 has not produced any major changes from the previous years with regard to the working of the Act.

The year 1969 has shown the same continuation of the trend of 1968, i.e., the alteration of shops and the building of new premises on the super-market lay-out and usually this brings better conditions for the people employed.

The past year has brought no great change in the district. The anticipated pattern of the closure of small shops continued. This occurs at the expiration of leases and many premises remain empty for considerable periods. The owners of new shops also have some difficulty in finding tenants. The trend would appear to be towards larger units such as supermarkets.

The staff of some hairdressers are becoming self-employed. This is probably the influence of Selective Employment Tax, but it could make some difficulty in the legal enforcement of the Act.

Most of the accidents that occur are of a minor character involving human error of the type that is impossible to legislate against. Cleanliness and a good standard of decoration have been the main aims during the year's inspections, especially in food premises where a high standard in staff facilities should be reflected in general hygienic practices.

The amount of packaging used in modern retailing causes a considerable problem in maintaining a reasonable state of tidiness at the rear of shops. The planning of new premises should allow for adequate space to deal with storage of stock, and of waste material.

The first table following is the annual report made to the Ministry of Labour.

The second table is an analysis of accidents which have been reported over the twelve months.

The third table shows the analysis of contraventions found during the inspection of premises and in respect of which notices have been sent.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Annual report made to the Ministry of Labour for the period  
1st January to 31st December, 1969:-

TABLE I

A. REGISTRATION AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	10	151	57
Retail shops	7	346	297
Wholesale shops, warehouses	1	6	4
Catering establishments open to the public, canteens	1	46	20
Fuel storage depots	-	-	-
Totals	19	549	378

B. NUMBER OF VISITS OF ALL KINDS BY INSPECTORS  
TO REGISTERED PREMISES - 408

C. ANALYSIS OF PERSONS EMPLOYED IN REGISTERED  
PREMISES BY WORKPLACE

Class of workplace	Number of persons employed
Offices	2,290
Retail shops	1,478
Wholesale departments, warehouses	67
Catering establishments open to the public	382
Canteens	30
Fuel Storage depots	-
Total	4,247
Total Males	1,828
Total Females	2,419

TABLE II

## ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail Shops	Wholesale Ware- houses	Catering Establishments open to public, canteens	Fuel Storage Depots
Machinery	1	-	-	-	-
Transport	-	-	-	-	-
Falls of persons	-	1	1	1	-
Stepping on or striking against object or person	-	-	-	-	-
Handling goods	-	2	-	1	-
Struck by falling object	-	-	-	-	-
Fires and Explosions	-	-	-	-	-
Electricity	-	-	-	-	-
Use of hand tools	1	1	-	-	-
Not otherwise specified	-	-	-	-	-



TABLE III

## ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions		
4	Cleanliness	..	8
5	Overcrowding	..	-
6	Temperature	..	-
7	Ventilation	..	2
8	Lighting	..	-
9	Sanitary Conveniences	..	2
10	Washing facilities	..	1
11	Supply of Drinking Water		-
12	Clothing Accommodation	..	-
13	Sitting facilities	..	-
14	Seats (Sedentary Workers)		-
15	Eating facilities	..	-
16	Floors, passage and stairs		1
17	Fencing exposed parts machinery		-
18	Protection of young persons from dangerous machinery	..	-
19	Training of young persons working at dangerous machinery		-
23	Prohibition of heavy work		-
24	First Aid	..	1
	Other Matters	..	1
Total			16

FACTORIES ACTS, 1937 to 1959

1. Inspections for purposes of provisions as to health: Part I.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	26	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	236	25	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	-	-	-	-
Total	263	25	-	-

## 2. Cases in which Defects were found:

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7):-					
(a) Insufficient	1	1	-	1	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
Total	1	1	-	1	-

There is a nil return under Part VIII of the Factory Act (Sections 110 and 111), which deals with outwork.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Tabulated below are details of information required annually by the Ministry of Agriculture, Fisheries and Food. During the year under review the total number of complaints received by the Department was 783.

Report for 12 months ended 31st December, 1969

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district ..	24,489	32
2. (a) Total number of properties (including nearby premises) inspected following notification	1,137	30
(b) Number infested by:		
(i) Rats	710	10
(ii) Mice	63	-
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ..	420	7
(b) Number infested by:		
(i) Rats	40	-
(ii) Mice	6	-
Number of sewers infested by rats during the year	-	-

PETROLEUM (CONSOLIDATION) ACT, 1928

During 1969, 76 premises within the Urban District were licensed to store (at any one time) 275, 541 gallons of Petroleum Spirit and Petroleum Mixtures.

The prepayment self-service pump at a Cobham garage worked satisfactorily throughout the year and there were no untoward incidents.

GENERAL PUBLIC HEALTH MATTERS

COMPLAINTS

The number received re miscellaneous health matters during the				
year was	..	..	..	449

NOTICES SERVED

Informal Notices	..	..	25
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DISINFECTION

Following cases of infectious disease, disinfection was carried out in respect of rooms or bedding at 3 premises.

SPRAYING OF PONDS AND DITCHES

The routine spraying of stagnant water with oil for the control of mosquitoes was carried out as usual.

SWIMMING POOLS

Inspections were made during the swimming season and water samples were taken at public pools and at those used by schools.

RIDING ESTABLISHMENTS ACT, 1964

This Act came into operation on 1st April, 1965. It provides a system of licensing and inspection by the local authority of establishments at which a business of letting out horses on hire for riding, or for use in providing instruction in riding, is carried on.



Three premises were licensed during the year.

The licences were granted following reports on the animals and the premises by Mr. M. Rand, M.R.C.V.S., the Veterinary Surgeon appointed by the Council for this specific duty.

#### ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

This Act regulates the keeping of boarding establishments for animals, and the main provisions relate to their accommodation in regard to construction, size of quarters, number of occupants, exercising facilities, temperature, lighting, ventilation, cleanliness, etc.

One licence was granted during the year under review.

#### PET ANIMALS ACT, 1951

Three applications were received and licences were granted for the year 1969.

#### COMMON LODGING HOUSES

There is none registered within the Urban District.

## RAINFALL

Table showing rainfall in the district during 1969 taken at Esher Water Purification Works:-

			<u>Total Rainfall</u>
			<u>Inches</u>
January	..	..	2.65
February	..	..	1.56
March	..	..	2.27
April	..	..	0.83
May	..	..	2.19
June	..	..	0.99
July	..	..	3.39
August	..	..	4.38
September	..	..	0.20
October	..	..	0.14
November	..	..	3.03
December	..	..	1.90
Total			<hr/> 23.33 <hr/>

Compared with the figures for the previous year this is a decrease of 8.93 of an inch.

The average yearly rainfall for the past five years was 27.62.